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The coordination of mental retardation programs in the U.S. Department of Health, Education, and Welfare (DHEW) and 1968 mental retardation legislation are reviewed. Departmental activities summarized include those of the Health Services and Mental Health Administration, National Institutes of Health, Office of Education, Social and Rehabilitation Service, Social Security Administration, Consumer Protection and Environmental Health Service, and Surplus Property Program. Also listed are membership, subcommittees, and 1968 publications of the Secretary's Committee on Mental Retardation; regional coordinators and offices of DHEW; and obligations for programs for fiscal years 1965-70. (LE)

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MENTAL RETARDATION ACTIVITIES

of the
U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

January 1969

MR
U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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mental retardation activities

of the U. S. Department of Health, Education, and Welfare

January 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

The Secretary's Committee on Mental Retardation

Washington, D. C., 20201

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PREFACE

This report describes the mental retardation program activities of the Department of Health, Education, and Welfare.

Significant progress has been made during the past year in extending and expanding services to the mentally retarded. The following highlights illustrate the progress made in 1968:

> More than 24,000 mentally retarded persons were rehabilitated in 1968 through the Federally-administered Vocational Rehabilitation Program. This represents an increase of 6,000 over the previous year.
>
> Over 20,000 mentally retarded children received medical services through the Crippled Children's Program; approximately 2,000 more than those served in 1967.
>
> Over 48,000 mentally retarded children were enrolled in special education programs supported in part with Federal funds.

Legislative accomplishments discussed in this report will result in a variety of benefits to the retarded. Of particular importance is Public Law 90-391, "The Vocational Rehabilitation Amendments of 1968." These Amendments provide for an expanded program of rehabilitation service projects for the retarded.

This report was prepared under the supervision of Mr. William F. Baxter, Jr., Staff Assistant of the Secretary's Committee on Mental Retardation.

Wallace K. Babington
Assistant to the
Assistant Secretary for
Community and Field Services

January 27, 1969

MENTAL RETARDATION ACTIVITIES OF THE U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, 1968

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COORDINATION OF MENTAL RETARDATION PROGRAMS

Coordination is probably the most crucial factor in successful administration of mental retardation programs. This is so because mental retardation cannot be confined to any one health, education, rehabilitation or welfare program or any single disciplinary group. A total program must include a wide range of activities designed to confront the problems of mental retardation simultaneously from many vantage points.

During the 1968 fiscal year nearly $400 million was obligated by the Department of Health, Education, and Welfare for mental retardation programs. These programs cover most aspects of the retarded person's life. They range in diversity from maternal and infant care to income maintenance for the aged retarded. Many agencies of the Department administer programs which affect the mentally retarded; it is extremely important that these efforts be focused and targeted so as to prevent duplication and gaps in program services.

The 1962 Report of the President's Panel on Mental Retardation recognized the importance of coordination both at the national and local levels. The Report further endorsed the concept of a Departmental committee composed of agency representatives advising the Secretary on activities related to mental retardation. The concern of the Panel resulted in the strengthening of the Secretary's Committee on Mental Retardation in 1963. The Committee had previously been known as the Departmental Committee on Mental Retardation, since its establishment in March of 1955.

Over the next several years the mental retardation program of the Department was expanded and extended. On September 18, 1968, in a move designed to make the Secretary's Committee more responsive to prevailing needs, Secretary Cohen reconstituted the membership of the Committee. Whereas the membership had previously been composed of middle level agency personnel, it now includes the top level executives of the Department with the Under Secretary serving as Chairman. In addition, mental retardation Regional Office Staff were also assigned to coordinate mental retardation Regional activities.

The mission of the reconstituted Secretary's Committee on Mental Retardation remains the same; i.e., the responsibility for coordination of the Department's program and activities affecting the mentally retarded.

Specifically, the Secretary's Committee is responsible for the following activities:

a. Serving the Secretary in an advisory capacity in the consideration of Department-wide policies, programs, procedures, activities, and related matters.

b. Serving in an advisory capacity for the Department as a whole with respect to inter-Departmental programs and activities, and related matters.

c. Functions as a means for coordination and evaluation of the implementation of the recommendations made by the President's Panel on Mental Retardation and the President's Committee on Mental Retardation in the final reports to the President.

The Regional Office Mental Retardation Coordinators have the responsibility to: assure that interagency review and consultation takes place on proposals and applications relevant to more than one agency; serve as a focal point for interested persons or organizations seeking information or consultation on Department mental retardation programs; and provide the Secretary's Committee on Mental Retardation with information on implementation of mental retardation programs in the States.

There are four subcommittees of the Secretary's Committee on Mental Retardation. They are charged with investigating and reporting periodically on acitivities related to their area of concern. The subcommittees are as follows: Training, International Activities, Mental Retardation Abstracts, and Research. A list of subcommittee members are shown in Appendix E.

The staff of the Secretary's Committee on Mental Retardation serves as a focal point for information on all aspects of the Department's mental retardation program. It also acts as a center for the referral of requests for professional and technical consultation to the appropriate agencies. This activity is carried on in cooperation with the Department's Regional Offices and agency representatives in Washington.

During 1968 there were five official meetings held by the Secretary's Committee on Mental Retardation. Among the topics discussed at the meetings:

A Review of 1967 Legislation Affecting the Retarded;
Standards for Care and Treatment in Residential Care Facilities; and
Use of Reinforcement Techniques (Rewarding Positive Behavior) with Socio-Culturally Impoverished Children

Many informal meetings involving both staff and individual members of the Secretary's Committee on Mental Retardation are also held during the year. The staff of the Committee arranges meetings for non-Federal organizations with appropriate agencies in order to encourage a dialogue between government and the community concerning care and treatment of the mentally retarded. The staff also arranges itineraries for foreign visitors to visit programs for the mentally retarded in this country.

The staff of the Secretary's Committee on Mental Retardation during the year has participated in a student field placement program for several colleges. One student from Colby College was assigned for a month of field experience, while another student from Florida State University was assigned as part of his graduate field work experience for three months. In addition one student, summer intern from George Washington University, also worked with the Committee.

1968 Legislation Relating to the Mentally Retarded

During the 90th Congress, Second Session (January 15, 1968, to October 14, 1968) four laws were enacted which have particular application for the mentally retarded. A summary of these four laws follows:

1. Vocational Rehabilitation Amendments of 1968, Public Law 90-391.

    P.L. 90-391 extends the basic formula grant program to the States (Section 2) for 3 additional years through 1971. The Federal share of this allotment is increased to 80 percent effective fiscal year 1970. The amendments also provide for up to 10 percent of Section 2 funds being used for the construction of Rehabilitation Facilities.

    The new amendments provide for an extension and expansion of the research and demonstration authority (Section 4) to include among other things projects for rehabilitation services to the mentally retarded.

2. Handicapped Children's Early Education Assistance Act of 1968, Public Law 90-538.

    This law provides for experimental preschool and early education programs for handicapped children which show promise of promoting a comprehensive and strengthened approach to the special problems of such children, including activities and services designed to encourage the intellectual, emotional, physical, mental, social and language development of handicapped children. It also encourages the participation of the parents of these children in assisting the professional educators in the development and operation of such programs; and acquaints the community with the problems and potentials of its handicapped children.

3. Vocational Education Amendments of 1968, Public Law 90-576.

    This law amends the basic act of 1963 and specifies that at least 10 percent of a States allotment of funds for vocational education must be used for handicapped persons, who because of their handicapping condition cannot succeed in the regular vocational education program. This provision is effective for funds appropriated for any fiscal year beginning after June 30, 1969.

P.L. 90-576 also amends earlier legislation dealing with the training of teachers of the handicapped (P.L. 85-926). The new amendments permit relevant agencies and institutions other than higher education and State agencies to receive grants to enable them to participate in the education of professionals to work with the handicapped.

4. Higher Education Amendments of 1968, Public Law 90-575.

   This law extends for two years the present loan forgiveness provisions of the National Defense Education Act which provides for the cancellation of 15 percent of the loan of each full year spent teaching the handicapped.

   P.L. 90-575 also authorizes grants to local educational agencies for the acquisition of equipment and materials designed to meet the special needs of educationally deprived children.

Other significant legislation affecting the handicapped enacted in the 90th Congress, Second Session, includes:

Health Services and Facilities Amendments, P.L. 90-574;

Establishment of National Eye Institute, P.L. 90-489;

Elimination of Architectural Barriers in Certain Federal Buildings, P.L. 90-480;

White House Conference on the Aging, P.L. 90-526; and

To Increase the Size of the Board of Directors of Gallaudet College, P.L. 90-415.

SUMMARY OF MENTAL RETARDATION ACTIVITIES

The 1969 Appropriations Act of the Department of Health, Education, and Welfare makes available over $507,963,000 for mental retardation program activities in the current fiscal year. Of this amount $198,700,000 is to be used for income maintenance of persons who are mentally retarded.

The mental retardation activities of the Department have been arranged according to the following categories: preventive services, basic and supportive services, training of personnel, research, construction, and income maintenance.

Preventive Services

Preventive services are defined as those services rendered as a part of programs designed to reduce the incidence of mental retardation. The major programs in this area are administered by the Children's Bureau, Social and Rehabilitation Service. Maternity and Infant Care Projects support programs which provide necessary health care to prospective mothers in high risk populations. By December 1968, fifty-three such projects were in operation. Grants which support screening programs for phenylketonuria (PKU) and other metabolic diseases also are awarded by the Children's Bureau. As of December 1968, forty-three States had enacted laws related to PKU, most of them making screening for this disorder mandatory.

The Public Health Service carries on preventive services in relation to the health services provided beneficiaries of the Service.

Basic and Supportive Services

Basic and supportive services are defined as those services rendered to or for persons who are mentally retarded.

State health departments, crippled children's agencies and State welfare agencies use funds administered by the Children's Bureau for programs designed to: increase the health and welfare services available to the retarded, enlarge existing mental retardation clinics by adding clinic staff, increase the numer of clinics, begin evaluations of children in institutions, extend screening programs, provide treatment services for physically handicapped retarded youngsters, increase inservice training opportunities, and provide homemaker and other care services for the mentally retarded.

The mentally retarded receive a variety of services through the vocational rehabilitation program supported by the Rehabilitation Services Administration: medical diagnosis, physical restoration, counseling and testing during the rehabilitation process, assistance in job placement and follow-up to insure successful rehabilitation. Public Law 90-391, "Vocational Rehabilitation Act amendments of 1968," will assist in the rehabilitation of additional mentally retarded persons to productive life.

The Health Services and Mental Health Administration, in conjunction with the Division of Mental Retardation, Rehabilitation Services Administration, support projects for the retarded which have service components of well integrated comprehensive health programs.

The Division of Mental Retardation through its initial staffing grant program is able to provide part of the initial cost of professional and technical personnel in the operation of new facilities or new services in existing facilities for the retarded. Over $8 million was appropriated in fiscal year 1969 for this program.

In addition, the Division of Mental Retardation also supports two programs directed at improving the quality of State institutional care and treatment for the mentally retarded. These programs are the Hospital Improvement and Hospital Inservice Training Programs.

With the enactment of the Elementary and Secondary Education Act of 1965 (P.L. 89-10) and its subsequent amendments, has come a number of new programs and services for the mentally retarded. The mentally retarded have especially benefitted from the provisions of Title VI of the aforementioned act, which provides opportunities for local school districts to develop new and creative programs for all handicapped children.

Training of Personnel

Training programs form an integral part of most of the mental retardation programs of the Department. These programs include support of professional preparation in the following areas: research training in the basic and clinical biological, medical and behavioral sciences; training of professional personnel for the provision of health, social and rehabilitative services for the mentally retarded; inservice training of workers in institutions for the mentally retarded; teachers and other education personnel related to the education of mentally retarded children; and training of personnel in recreation and physical education activities for the mentally retarded and other handicapped children.

Research

The National Institutes of Health estimates that more than $21,501 million will be devoted in fiscal year 1969 to the support of research related to mental retardation.

The Office of Education administers a program of grants for research and demonstration projects in the field of education of mentally retarded and other handicapped children, and projects related to the application and adaption of communications media to educational problems of the mentally retarded. Title V of Public Law 90-170 provides for grants for research or demonstration projects relating to physical education or recreation for mentally retarded and other handicapped children.

The Social and Rehabilitation Service supports selected demonstration projects that seek to coordinate community resources for the mentally retarded. Particular attention is given to coordination between special education and vocational rehabilitation agencies. Rehabilitation Research and Training Centers for the mentally retarded provide for the diagnosis, evaluation, treatment and training, vocational counseling and placement of the mentally retarded.

Research grants administered by the Children's Bureau support projects directed toward the evaluation of programs and improving the development, management and effectiveness of maternal and child health and crippled children's services.

Construction

The university-affiliated facility and the community facility construction programs are administered by the Rehabilitation Services Administration.

University-affiliated facilities for the mentally retarded provides for training of physicians and other professional personnel vitally needed to work with the mentally retarded. Fourteen applications have been approved and funded under this program.

To date 175 projects for the construction of community facilities for the mentally retarded have been approved. The facilities constructed under this legislation will include a variety of services: diagnosis, treatment, education, training or care of the mentally retarded, including sheltered workshops.

Income Maintenance

The Social and Rehabilitation Service administers the five federally-supported public assistance programs. These programs assist children who are deprived of parental support or care, the needy aged, the medically indigent aged, the needy blind, and the permanently and totally disabled. Mental retardation itself is an eligibility factor only in the category of aid to the permanently and totally disabled.

The social security program, administered by the Social Security Administration, contributes to the maintenance of the mentally retarded through the payment of monthly benefits to eligible recipients.

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Membership of

THE SECRETARY'S COMMITTEE ON MENTAL RETARDATION

1968

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Under Secretary

Mr. Edward C. Sylvester, Jr., Vice Chairman
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Institutes of Health

Miss Mary E. Switzer
Commissioner of Social and
Rehabilitation Service

Mr. Wallace K. Babington, Executive Director
Assistant to the Assistant Secretary
for Community and Field Services

Mr. William F. Baxter, Staff Assistant

HEALTH SERVICES AND
MENTAL HEALTH ADMINISTRATION

Introduction

The Health Services and Mental Health Administration provides leadership and direction to programs and activities designed to improve physical and mental health services for all the people of the United States and to achieve the development of health care and maintenance systems adequately financed, comprehensive, interrelated and responsive to the needs of individuals and families in all socio-economic and ethnic groups.

More specifically, the Health Services and Mental Health Administration collects, analyzes, and disseminates data on births, deaths, disease incidence, health resources, and the state of the Nation's health. It plans, directs and coordinates a national effort to improve the physical health of all Americans through the development of services to promote and sustain physical health, prevent physical illnesses and provide care and treatment for physically ill persons. And, similarly, it strives to improve mental health by developing knowledge, manpower and services to promote and sustain mental health, prevent mental illness and treat and rehabilitate mentally ill persons.

I. Preventive Services

A. Prevention of Organically-based mental retardation

The prevention of mental retardation caused by organic factors is best accomplished by continuous, comprehensive, and high quality medical care of pregnant women and their offspring throughout the prenatal, perinatal and postnatal periods. The Indian Health Service, through its efforts to provide exemplary medical care to its beneficiaries, is reducing the incidence of organically-based mental retardation as well as the wide variety of other diseases and conditions in mothers and infants which the state of the art in medicine now makes at least partially controllable.

In addition, certain services in prenatal and postnatal care and in family planning are also offered to persons who qualify under community-cooperative programs of the Federal Health Programs Service.

In the 48 Indian Health Service general hospitals which operate obstetrical services, comprehensive prenatal and neonatal care is given specifically to reduce the incidence of mental retardation. Phenylketonuria (PKU) tests are performed on all newborn infants, and infants with a depressed Apgar score or who are prematurely born are evaluated for PKU or other evidence of brain damage.

Both the Indian Health Service and the Federal Health Programs Service provide comprehensive medical care during prenatal, perinatal and postnatal periods. In the Federal Health Programs Service patients of the Federal Health Programs Service who may need specific information on genetic studies or genetic counseling are referred to other agencies for such help; whereas the Indian Health Service attempts to provide genetic counseling when it is indicated.

The Indian Health Service has increased the number and frequency of maternal clinics for Indian mothers during the prenatal period and has also expanded its measles immunization program for Indian and Alaska Native children, to help prevent the measles encephalitis which has a high residual of brain damage of which mental retardation can be one of several adverse consequences.

The Indian Health Service continues to develop its PKU blood screening program concurrently with the development of laboratory facilities by States in which their facilities are located. Individual Indian Health Area Offices cooperate with State and local health departments and regional offices in planning mental retardation programs made possible through grants-in-aid funds from the Children's Bureau. Also, the Indian Health Service is working with the Children's Bureau to determine the best utilization of the professionally trained nurse-midwife in the prevention of mental retardation through improved care of expectant mothers and newborn infants.

Recent studies have indicated the value of child-spacing as a measure to prevent mental retardation. An active family planning program is conducted by the Indian Health Service. Family planning assistance, as one phase of the health and welfare continuum is much broader than birth control and includes infertility services as well as the promotion of responsible parenthood. In this broad concept it is implemented in the Indian Health Service. Since the inception of the family planning program in fiscal year 1965, 21,477 female Indian beneficiaries were provided with birth control services (28.5 percent of female Indian beneficiaries 15-44 years of age). In fiscal year 1968, 11,200 women were rendered birth control services with 23,800 visits to physicians.

The National Communicable Disease Center through its Measles Immunization Program has all but eliminated this once common childhood disease. In fact, by the end of 1968 over 30 million children had been vaccinated against measles. Measles morbidity is now less than one-tenth of that reported only two years ago, and with the current emphasis on improved measles surveillance, the actual decrease may be considerably greater. As a corollary to the near eradication of this disease, the problems of measles-associated encephalitis and mental retardation are also diminishing.

The Immunization Program of the National Communicable Disease Center has provided the leadership of the national measles eradication effort. Working through 72 grant-assisted State and local health department projects which serve over 90 percent of the nation's population, the Immunization Program has collaborated with numerous health agencies in conducting community-wide measles immunization campaigns, and in establishing more effective infant immunization programs. It is conservatively estimated that 25 million cases of measles, 25 thousand cases of measles encephalitis, and over ten thousand cases of mental retardation have already been prevented. Aside from the immeasurable humanitarian benefits accrued from reduced suffering, the economic benefits resulting from reduced health care costs and from savings in educational time and funds lost through school absenteeism, have already far exceeded and more than justified the funds initially appropriated for this effort.

B. Prevention of functionally-based mental retardation

As part of the ongoing comprehensive health program on Indian reservations, mental health projects include prevention, detection, and treatment planning for functional mental retardation. The Indian Health Service is cooperatively working with Head Start Program throughout all of its areas.

II. Basic and Supportive Services

A. Foreign Quarantine Program, National Communicable Disease Center

This program has worked closely with other Federal agencies and voluntary groups to make the best possible arrangements for the reception and treatment of the mentally retarded coming to this country as immigrants.

Mental retardation is one of the conditions specified in the Immigration and Nationality Act causing an alien to be considered ineligible to receive a visa except under waiver. The program is responsible for the review of findings in such cases and the decision on the suitability of proposed care.

For those mentally retarded aliens admitted to the United States, the Service is responsible for complete reports and review of arrangements for treatment in this country. A record is then kept covering the first five years of the individual's treatment in this country, which must be provided in institutions or special facilities approved by the Public Health Service. Semi-annual reports showing kind of treatment and progress made are required and kept on file at the Quarantine Station in New York.

B. Medical and Social Services for American Indians

Medical services and medical social services are provided either directly, under contract, or through State Crippled Children's Services to all Indian beneficiaries discovered to be mentally retarded.

Because of cultural barriers and transportation problems, case-finding continues to be a major problem in this area.

III. Professional Preparation

A. Indian Health Training Programs

The Indian Health Service conducts physician residency training programs in pediatrics in its hospitals at Phoenix and Anchorage. This includes clinical training in the prevention, diagnosis, treatment, and rehabilitation of mental retardation.

The Indian Health Service continues to provide both in-service and out-of-service training in maternal and child health nursing to ensure continuity of service from hospital to home and community. An average of 2 nurses are trained each year. The Indian Health Service continues to develop and use coordinated teaching guides for hospital and public health nursing personnel, designed as aids in teaching and good health practices to maternity patients and their families.

B. Education and Training Efforts by the Bureau of Health Services

Coping with mental retardation among its legal beneficiaries is only one of the many health responsibilities for which Bureau of Health Services personnel must be prepared; nevertheless, several aspects of the Bureau's training program are clearly relevant and important to the attack on mental retardation.

Post-graduate training programs in Public Health Service Hospitals include rotating internships, and residencies in internal medicine and obstetrics which involve maternal and pediatric clinical training and the diagnosis and treatment of mental retardation as it arises in the patient population. Research training is conducted in matabolism and endocrinology, disciplines basic to some forms of mental retardation.

C. Training Efforts of the National Institute of Mental Health

The President's Committee on Mental Retardation recommends "greatly expanded" support and increased effort " . . . to attract scientists and professional specialists in education, the medical and behavioral sciences and related fields into research and service . . ." Since the Inservice Training Program in Mental Retardation has been transferred from the Institute, the National Institute of Mental Health supports no training program specifically focused on the field of retardation. A number of programs, however, incorporate some emphasis on the area. Residency training in basic and child psychiatry, for example, includes education in mental retardation as a standard part of the curriculum. Also, training in psychiatric social work and other behavioral science areas includes field or classroom work in mental retardation.

The training programs vary widely in mission and content. Psychiatric residencies include training in intake, diagnostic, and evaluative studies of the retarded, as well as psychotherapeutic work with the emotionally disturbed retarded and their families. Pre- and post-doctoral training in clinical and school psychology includes instruction as well.

It should be noted that the subject of retardation is an element in all undergraduate nursing education and in most of the curricula integrating psychiatric and behavioral science concepts.

In summary, mental retardation is a multifaceted program area which incorporates many of the Institute's focal concerns such as the study and remediation of learning difficulties, cultural deprivation, and the enhancement of optimal development. The breadth and ramifications of mental retardation research makes it critical to the extension of knowledge in the mental health field.

D. Partnership for Health Training Activities

The Partnership for Health Amendments of 1967 (P.L. 90-174) through Section 314(c) authorized project grants for training, studies, and demonstrations in health planning. Public and nonprofit agencies and organizations are eligible to apply for such support. During the fiscal year 1968, $1,410,000 was obligated through the Partnership for Health Program for mental retardation training activities.

IV. Research and Development Activities

A. Research Related to Organically-Based Mental Retardation

A pilot project conducted by the Indian Health Service in cooperation with the Bureau of Indian Affairs utilizes an interdisciplinary approach to identify both organically and functionally retarded children. The medical, psychological and sociological screening of these children provides a diagnostic basis for determination of required medical treatment and specialized curriculum to meet individual learning needs. In fiscal year 1970, this will be expanded and will be involving a number of medical schools located near reservations.

A study recently completed on the White River Reservation showed a correlation between cultural and social problems and incidence of prematurity, which frequently accompanies mental retardation.

A five-year study of American Indian Congenital Malformations, carried out jointly by the Indian Health Service and the Human Genetics Branch of the National Institute of Dental Research, is in its fourth year. When completed, the study will supply data that will help to evaluate congenital defects in relation to total health status of the Indian. It will also help to identify high frequencies of specific defects due to causes which can be remedied, and will make possible racial comparisons of congenital defects which are of basic genetic interest in trying to determine the etiology of these defects.

A long-term study of a group of 643 Alaskan Eskimo children born between 1960 and 1962 is continuing under the joint sponsorship of the Arctic Health Research Laboratory and the Indian Health Service. A recent report on the growth, morbidity and mortality of these children was presented at the American Public Health Association meeting November 13, 1968.

B. Research Concerning Functional Mental Retardation, National Institute of Mental Health

Over the past decades, the National Institute of Mental Health (NIMH) has supported a broad range of research and training projects in the field of mental retardation. In the past several years, new and reorganized agencies within the Department of Health, Education, and Welfare have enlarged their programs in mental retardation, absorbing a variety of NIMH efforts - particularly in the areas of demonstrations, inservice training and basic research in child development. Summarized below are those research and training programs which remain as part of the Institute's overall mental health mission.

In the report MR 68: The Edge of Change, the President's Committee on Mental Retardation recommends ". . . intensification of research in the social and other behavioral sciences . . ." to isolate and define social and cultural factors in mental retardation (p. 25). The current NIMH research effort in retardation is consonant with this recommendation, falling into three categories: (1) studies of learning, with careful attention to the special learning problems of the retarded; (2) analyses of the effects of cultural and social deprivation; and (3) studies of the behavioral and biological aspects of retardation which relate to mental health and illness.

In the area of learning, investigators are conducting a variety of analyses of the learning process as it operates among the mentally retarded, with a view toward identifying those interventions and those techniques which may facilitate the learning process. Such variables as attention span, capacity for retention, distortions of perception and visual discrimination are being scrutinized to increase the retardate's ability to absorb and profit from his experiences, and to facilitate his intellectual and social development. A specific goal of this work is to develop improved teaching methods. For example, automated teaching techniques are being used in several studies, focusing on programmed learning to develop reading and other skills. Although a number of programs involve attempts to help already damaged children, a primary emphasis overall is the prevention of retardation in high risk populations.

In studies of cultural and social deprivation, investigators are defining the role of poverty, inadequate schooling and community disorganization in causing or contributing to various forms of mental retardation. The aim here is to provide new training and educational approaches for culturally handicapped children; to teach improved child-rearing practices to parents in deprived areas; and to modify attitudes of fear and rejection of the mentally retarded among those who are themselves economically and culturally deprived. Approaches range from broad interdisciplinary efforts to establish controlled therapeutic settings, to the development of skills such as operant conditioning among those who attempt to teach the retarded self-sufficiency, self-control, and social adjustment.

In studies of behavioral and biological aspects of retardation, investigators are concerned with developing improved techniques for diagnosing and treating those psychological and physical abnormalities found among the retarded. A major issue here is the degree to which emotional factors contribute to retardation - the role of psychopathology and personality disorganization in the retardate's patterns of functioning. As in the case of such disorders as schizophrenia, the relative contribution of biological, social, and psychological factors remains to be accurately defined.

V. Construction

A. Community Mental Health Centers

Public Law 88-164, passed in 1963, authorized the NIMH to finance up to two-thirds of the cost of construction of new facilities or renovation of existing facilities for a community mental health center. Related legislation passed in 1965 authorized the NIMH to make grants over a 51-month period to community mental health centers to cover part of their cost of professional and technical personnel. To be eligible for either construction or staffing grants an applicant must present a plan for providing a program of at least five essential services of a community mental health center, namely, impatient, outpatient, partial hospitalization, emergency, and consultation and education. These must be offered in a comprehensive and integrated fashion to the center's community, defined as a catchment area of 75,000 to 200,000 persons. These centers, in which the mentally retarded are eligible to receive treatment and services, serve as the nucleus of the National Mental Health Program. Working in unison with other facets of the national programs in mental retardation and mental health, the NIMH assists States and communities to achieve comprehensive treatment in the community for all who need it. Prevention of mental illness in the community is also one of the major objectives of the centers.

Institute data reveal, for example, that nationally, an estimated four million children under the age of 14 are in need of some kind of psychiatric help because of emotional difficulties. Other estimates are that from 10 to 20 percent of school children show symptoms indicative of pathology which require at least preventive mental health services.

Since the passage of the Community Mental Health Centers Act, the NIMH has supported the development of hundreds of community mental health centers in 49 States, the District of Columbia, and Puerto Rico. The services and programs of many of these centers extend to and include mentally retarded persons. Seventeen percent of the centers funded so far are located in cities of a half-million or more persons; 50 percent are in cities of 25,000 to 500,000, and 33 percent are in cities of 25,000 of less. Centers have been funded that will serve 21 percent of the 500 poorest counties in the United States.

VI. Other Activities

A. Partnership for Health

The Partnership for Health Amendments of 1967 (P.L. 90-174) expanded and extended through fiscal year 1970 the authorizations contained in Sections 314(a), (b),(c),(d), and (e) of the Public Health Service Act, as amended by P.L. 89-749. Grants under Section 314 are administered through the DHEW Regional Offices.

1. Section 314(a) authorized formula grants to States for comprehensive health planning, which would include mental retardation, among other physical, mental, and environmental health concerns.

2. Section 314(b) authorized project grants for areawide comprehensive health planning (including mental retardation). Public and nonprofit private agencies or organizations are eligible to apply for such support.

3. Section 314(c) authorized project grants for training, studies, and demonstrations in health planning. Public and nonprofit private agencies and organizations are eligible to apply for such support.

4. Section 314(d) authorized formula grants to States for public health and mental health services. Mental retardation programs may be supported in accord with a State's plans for health services or mental health services.

5. Section 314(e) authorized project grants for health services development. Public or nonprofit private agencies, institutions or organizations are eligible to apply for such support. Mental retardation projects (including related training) should be for service components of well-integrated comprehensive health services programs. Highest priority will be given to project applications which provide previously unavailable special health services to the mentally retarded or their families as integral parts of programs for model cities, ghettos, neighborhood health centers, family planning, or coordinated health programs.

Since 1964 a mental retardation information activity has been operated as part of the National Clearinghouse for Mental Health Information. Because knowledge about mental retardation comes from many scientific disciplines and professions, this service will improve both research and practice and thus have a decided effect on the prevention and treatment of mental retardation.

To maintain this service, the National Clearinghouse for Mental Health Information has had until September 1968, a contract with the American Association on Mental Deficiency to collect current literature on mental retardation, write informative abstracts, index the literature in depth, compile annotated bibliographies on special topics and prepare critical reviews.

From 1964 to 1967 a total of 12,500 current articles, books and monographs were collected, abstracted and indexed in the Clearinghouse system. To provide a more extensive coverage of information for retrieval purposes, an additional 3,500 indexed abstracts of documents published from 1957 through 1963 were added to this system.

Special annotated bibliographies have been prepared on: (1) Programmed Instruction for the Retarded; (2) Literature for Parents; (3) Application on the Stanford-Binet and Wechsler Intelligence Scales with the Mentally Retarded; (4) Nursing and Mental Retardation; (5) Family Care and Adoption of Retarded Children; (6) Psychotherapy with the Mentally Retarded; (7) Recreation for the Retarded; (8) Counseling Parents of the Mentally Retarded; (9) Sheltered Workshops for the Mentally Retarded; (10) Films on Mental Retardation; (11) Psychopharmacological Therapy with the Mentally Retarded; (12) Electroencephalographic Studies Relating to Mental Retardation; (13) Hydrocephalus; (14) Mental Retardation and Religion.

Review articles and critiques have been prepared on: (1) Mental Retardation; Definition, Classification, and Prevalence; (2) Research on Linquistic Problems of the Mentally Retarded; (3) Attendant Personnel: Their Selection, Training, and Role; (4) Research on Personality Disorders and Characteristics of the Mentally Retarded; (5) Effects of Severely Mentally Retarded Children on Family Relationships; (6) Factor Analysis and Structure of Intellect Applied to Mental Retardation; (7) Counseling Parents of the Mentally Retarded; (8) Genetic Aspects of Mental Retardation; (9) Instrumental Learning in Mental Retardates; (10) Vocational Rehabilitation of the Mentally Retarded: The Sheltered Workshop; (11) Relationships Between Educational Programs for the Mentally Retarded and the Culturally Deprived; (12) A Decade of Research on the Education of the Mentally Retarded.

The abstracts, annotated bibliographies and reviews appear in the quarterly journal, Mental Retardation Abstracts, which is distributed gratis to approximately 7,600 individuals engaged in research and practice in mental retardation and is also for sale by the Superintendent of Documents.

In September 1968 the Division of Mental Retardation, Rehabilitation Services Administration, Social and Rehabilitation Service, assumed responsibility for the contract with the American Association on Mental Deficiency for the collection and abstraction of documents and preparation of Mental Retardation Abstracts, beginning with Volume 6, No. 1, January 1969. The Division is making plans to develop its own data processing and information services program.

In the interim, the Clearinghouse, in order to provide uninterrupted service, continues to answer inquiries in the mental retardation field. Furthermore, the National Clearinghouse for Mental Health Information, in accord with the Institute's current programs in mental retardation will continue to acquire and disseminate information on mental retardation as it relates to: (1) the learning process, learning disorders, and other broad developmental issues with applied applications; (2) emotional and biological conditions as etiology or effect of mental retardation; (3) social and cultural factors as etiology or effects of mental retardation.

B. Institutional and Case Statistics

1. Inpatient facilities: Information is obtained from public inpatient mental retardation facilities, on such patient characteristics as age, sex, medical classification, measured intelligence level for first admissions, and for resident patients.

2. Outpatient Psychiatric Clinics: Information is obtained on the number of terminated patients diagnosed with mental retardation, by age, sex, and degree of deficiency (mild, moderate, severe), whether treated or not treated.

3. Maryland Psychiatric Case Register: Data are routinely collected on demographic patient characteristics, type of service, referral service, and disposition of all patients diagnosed as mentally retarded in all psychiatric clinics and public and private institutions for the mentally retarded.

NATIONAL INSTITUTES OF HEALTH

Introduction

Mental retardation today afflicts the lives of an estimated 6 million persons in the United States. Its impact is directly felt by the some 20 million family members who share the burden and problems of care of the retarded whose inadequate intellectual development impairs their ability to learn and to adapt to the demands of society.

The causes of mental retardation are multiple and involve both physical and environmental factors operating singly or in subtle interactions. Resolution of this complex problem requires the scientific talent from many disciplines--biological, behavioral and social--in a concerted effort involving basic, clinical and applied research over an age span from conception through maturity. The Institute's program of research and research training support represents a major arm of our nation's effort to combat the problem of mental retardation which ranks as a major health, social and economic problem.

In fulfillment of its responsibilities in this area, NIH is supporting a broad attack upon the problems associated with mental retardation. The goals sought are the prevention of mental retardation in the future, the cure of existing mental retardates, or, if this is not possible, the amelioration of their condition and the training and upgrading of such individuals to a point where they can come as close to self-sufficiency as their endowment permits. To these ends the Mental Retardation Program is facilitating research on the diagnosis, prevention, correction and amelioration of mental retardation. Investigations are being supported in basic sciences, both biological and behavioral, as well as clinical disciplines.

I. Training of Personnel

A. National Institute of Child Health and Human Development (NICHD)

The critical need for more research workers from all fields whose primary interests lie in areas related to mental retardation continues. This is evident from the strenuous recruiting efforts which have been observed in the staffing of the Mental Retardation Research Centers, even those whose construction is not yet completed. Fortunately the research training programs have resumed the growth which they were undergoing in fiscal year 1966 and fiscal year 1967. From 13 training grants providing training for 60 trainees in fiscal year 1968, the program has grown to 18 training programs serving 124 trainees. The areas in which training is available under these 18 grants are as follows: behavioral studies - 7; basic biomedical studies - 1; sociology - 1; combined behavioral, clinical and basic biomedical studies - 2; combined clinical and basic biomedical studies - 6; combined clinical and behavioral studies - 1. Of the 124 trainees being served by these programs 76 were predoctoral, 7 received Master of Arts degrees, 25 were in Ph.D. or M.D. programs, 6 received Ph.D. or M.D. degrees, and 10 were postdoctoral trainees. In addition to the trainees who received stipends from these programs several program directors pointed out that a total of 63 other students in a variety of programs benefited from the existence of these NICHD research training programs. These were individuals who participated in the same training courses as those receiving stipends and also worked in research programs alongside those receiving stipends. These additional trainees were supported by other programs, either Federal or local but were able to take advantage of courses and research programs which were instituted under NICHD funded training programs.

In addition to the trainees under these programs the Institute is supporting on an individual basis 9 Fellows and 4 Research Career Development Awardees. In addition to these individuals whose programs are specifically directed towards research in mental retardation the NICHD currently supports fellowships, research career awards, and training grants in areas which are highly relevant to mental retardation but which are funded under other programs. There is a large amount of interaction between the Mental Retardation Program and other Programs in the NICHD such as the Growth and Development Program, the Reproductive Biology Program and the Perinatal and Infant Mortality Program.

B. National Institute of Neurological Diseases and Stroke (NINDS)

While the training program of the National Institute of Neurological Diseases and Stroke is not specifically and exclusively directed towards mental retardation, it is directed toward the development of clinical neurologists and competent research scientists in the fields associated with the diseases of the nervous system. These disciplines provide the basic tools required for any serious attack on the problem of organically-based mental retardation. Particularly important are the Institute programs for the training of pediatric neurologists, who are very often required to make the initial diagnosis of mental retardation. Training programs in speech pathology and audiology are fundamental to therapy in the mentally retarded and receive strong support from the Institute.

II. Research

A. National Institute of Child Health and Human Development (NICHD)

Scientists being supported to work in mental retardation are utilizing a vast array of techniques from the classical observation and descriptive techniques all the way to the most advanced and sophisticated electronic recording and statistical methods. Since for some kinds of work it is neither feasible nor desirable to use human subjects a number of investigators are currently attempting to develop appropriate animal models for research use.

The biological sciences are moving on a broad front from highly advanced biochemical macromolecular investigations through cellular levels to whole organ studies on through research in primates and humans. Clinical specialists are using very delicate and complex diagnostic techniques which could not even have been considered as little as five years ago. In a few fortunate cases, such as some of the diseases from inborn errors of metabolism, therapeusis is also at a level of sophistication which would not have been thought possible only recently. Behavioral scientists, ranging from psychologists through psychiatrists, and sociologists are steadily refining their tools for diagnosis and treatment. This is evidenced by the ever increasing numbers of subentities being identified under the main heading of mental retardation which at one time was an indivisible term. More and more attention is being paid to disorders of communication and perceptual visual problems so that both diagnosis and remedial training moves a little closer to the ideal.

The complexity of mental retardation requires multidisciplinary research approaches and it is encouraging to observe that not only are the obvious combinations such as biochemists working with psychopharmacologists becoming more and more common but less expected combinations such as behavioralists working closely with clinical and basic scientists are beginning to be seen. The Mental Retardation Research Centers which are funded by Congress under specific construction legislation (P.L. 88-164) are serving to facilitate this kind of interdisciplinary effort.

In fiscal year 1969 approximately 270 investigators in 28 specialties or subspecialties are being supported. Some of these specialties are pediatrics, psychology, psychiatry, biochemistry, genetics, education, nutrition, pathology, neurobiology, physiology, anatomy, communications engineering, mathematics, microbiology, obstetrics and gynecology, radiology, social work, sociology, veterinary medicine, and virology. Many of these investigators while working independently are finding it to their mutual advantage to discuss problems with each other and to utilize the insights and techniques of each others' specialties in their own work. The Centers are providing a setting where this is especially easy since in many cases they are, or will be, working in the same physical structures. NICHD staff are encouraging as much as possible interdisciplinary approaches, staff seminars, and other administrative means of obtaining multidisciplinary efforts. It is interesting to note that even in those Centers which have not yet completed their construction that the same kinds of staff interactions are occurring. The required planning is resulting in consultation across disciplinary lines and this consultation is creating contacts among investigators which might not otherwise have occurred. In many cases these contacts are resulting in scientific interactions to the benefit of the program.

One primary thrust of research supported by NICHD continues to be in cytogenetics and the inborn errors of metabolism which result in mental retardation. Both areas are beginning to take advantage of tissue culture techniques which in the latter case provide large amounts of tissue to work with outside the patient himself, yet with material that responds in many ways as the patient does. In the other case large numbers of cells can be studied to observe what is actually happening in the chromosomes. There is also considerable interplay between the cytogenetic and biochemical study of tissue cultured cells addressing the questions of the relationships between chromosomes, enzymes and end results.

Many research projects being funded are at institutions which now have or will have, operating Mental Retardation Research Centers. Congress, in 1963, recognized the limited resources devoted to mental retardation research and requirements for centers of research competence with special capability for meeting the research demands of this multifaceted program. P.L. 88-164 authorized the construction of Mental Retardation Research Centers for the purpose of finding the causes and means for preventing and ameliorating mental retardation. Implementation of this authority was assigned the NICHD in close cooperation with the Division of Research Facilities and Resources/NIH. The NICHD has continuing responsibility for programmatic development of the centers. When operational the centers will provide the major thrust for the Institute's program to combat mental retardation.

The interval between center construction grant awards and completion of construction represents a significant lapse of time. The Institute has acted to reduce the time lag for bringing the centers to fuller operational strength through interim development and strengthening of existing research activities to be included in the centers on completion of construction. These activities are supported by program project research grants awarded the institutions following competitive review for scientific merit by appropriate National Institutes of Health review committee.

Four of the centers were completed and became operational in fiscal year 1968; these were the Children's Hospital Research Foundation, Cincinnati, Ohio; George Peabody College for Teachers, Nashville, Tennessee; the University of Chicago, Chicago, Illinois; and the University of Colorado Medical Center, Denver, Colorado.

Three centers are scheduled for opening in fiscal year 1969; these are: the University of Washington, Seattle, Washington; Albert Einstein College of Medicine, Bronx, New York; and, the University of California at Los Angeles, Los Angeles, California.

Centers at the University of Kansas, Lawrence, Kansas; University of North Carolina, Chapel Hill, North Carolina; Walter E. Fernald State School, Waltham, Massachusetts; and, the Children's Hospital Medical Center, Boston, Massachusetts, are scheduled to begin operations in fiscal year 1970. Plans for the University of Wisconsin Center, Madison, Wisconsin, call for completion of construction in fiscal year 1971.

Existing programs under center aegis at the University of Kansas are making notable progress on poverty-linked retardation with research support from the Institute. Their research demonstrates the crucial role of disadvantaged mothers in facilitating the development of intelligence in their preschool aged children, means for changing the behavior of mothers in parent-child interactions so that their children learn more readily and the importance of community support and involvement in creating constructive research and service programs for the children of poverty.

Methods for constructive intervention to prevent or ameliorate poverty-linked retardation are, or will be studied at the George Peabody, Wisconsin and North Carolina centers. The George Peabody College Center in Nashville, Tennessee, is well established in its research program to study the effects of different methods of educational intervention.

The University of North Carolina Center at Chapel Hill, North Carolina, plans and is piloting studies concerned with preventing retardation among the disadvantaged through a program stressing psycho-social interventions beginning in early infancy and childhood. Closely related to this effort are parallel studies concerned with the control of infectious diseases in children under group day-care. The importance of these efforts and companion efforts elsewhere is stressed by the fact that large numbers of elementary school aged children from disadvantaged homes in the Chapel Hill area have IQ's below 80.

Staff from the University of Wisconsin Center are currently engaged in a major program of research concerned with rehabilitative approaches and methods for use with the disadvantaged. Basic research in learning and human development will expand and complement these applied rehabilitative efforts when construction of the center is completed in fiscal year 1971.

Focal research efforts concerned with poverty-linked retardation are active or planned at other mental retardation research centers. Among these are studies of epidemiology of poverty-linked retardation at the Albert Einstein College of Medicine Center, New York, and at the University of California at Los Angeles, California.

Longitudinal studies of development from the period of pregnancy through the elementary school years are crucial to our full understanding of aberrant and subnormal development. Too frequently the significant events of pregnancy, the neonatal period and early infancy and childhood are lost to investigators concerned with subnormal development and faulty learning as experienced by the school age child because of lack of resources for systematically relating events from early to later age levels. The mental retardation research centers, as never before, offer great opportunities for the conduct of sound, scientific studies of longitudinal development in retarded populations and populations at risk of becoming retarded.

One of the major longitudinal studies attacking these issues is currently under development by researchers in the neurological sciences at the University of Washington Center. These investigators propose studies relating the carefully studied events of pregnancy and the neonatal period to neurological electrophysiological, and neuropathological data obtained during the neonatal period and early infancy. These data will, in turn, be related to patterns of behavior and intellectual functioning during the school years. Careful clinical supervision and recording of life events by the center's excellent and comprehensive resources for diagnostic, treatment and service follow-up will provide a sound base for obtaining the most meaningful results in terms of developmental outcomes.

A major contribution to the epidemiology of mental retardation is expected shortly with the publication of work by Institute supported investigators from the Albert Einstein Center. The study, conducted in Aberdeen, Scotland, utilizes excellent social background, pregnancy, obstetrical and prenatal data from the total population of births in that city collected since 1951. The Aberdeen population is highly stable and excellent cooperation has been obtained from both the health and educational authorities. These conditions have made possible long-term follow-up studies of children deriving from their well studied births. The investigators, therefore, have been able to relate obstetrical and social antecedents characteristic of the birth of the child to his functioning during the school years. Studies of all mentally subnormal children born in birth years 1952 through 1954 and varying in age from 8-11 years at close of follow-up have been readied for report. The first manuscript will treat the interaction of class, central nervous system damage and psychiatric status with mental subnormality.

The Growth and Development Program of NICHD is involved in several activities directly concerned with mental retardation. Presumptive evidence in a variety of animal species, supplemented by scattered tests in humans, indicates that protein-calorie deprivation may have an inhibiting effect on mental and social development. In animal studies, these effects seem to depend upon fairly acute nutritional deprivation of the type only seen in grossly malnourished children. NICHD has therefore organized several studies in South and Central America where protein-calorie malnutrition is endemic, thereby providing a natural test area for the relationships between nutritional deprivation and intellectual and social development.

The largest of these studies is supported by a contract with the Pan American Health Organization for work to be done in the Guatemala highlands by the Institute for Nutrition of Central America and Panama. This study involves matching pairs of rural, isolated villages on a number of factors, and then providing a protein rich food supplement to one village in each pair. The other village will also receive medical care (but no supplement), with provisions to match social inputs that might positively influence intellectual development. Careful study design permits investigation of a variety of factors such as social status, family interrelationships, and parental expectations which influence child development. Now in its fourth year, the study has just entered the definitive stage with initiation of the supplementation program. Continuous data monitoring will measure intellectual development up through age six.

A second study, also under contract, is designed to study the development of pairs of siblings living in urban ghettos in Bogota, Columbia. These pairs of children, all under the age of three years, will include one acutely malnourished and one adequately nourished child, both of whom will be supplemented throughout the study. This design permits control of genetic variables and, to a considerable degree, the social and environmental factors surrounding malnutrition. Many of the tests being used in the Guatemala study will be used in Bogota, plus other measures for delving more deeply into emotional development. This project now entering its second year, is jointly conducted by Harvard University and the National Institute of Nutrition, Bogota.

Recently awarded grants support two other studies in the Western Hemisphere. In Mexico a small, elegantly designed study is focusing on nutrition of the mother and the infant, including controlled studies of breast milk consumption; premature weaning without adequate nourishing food is increasingly recognized as a probable factor in impaired development of the central nervous system and in possible behavior deficits in deprived children. Another project, in Chili, is utilizing children who have been hospitalized with acute malnutrition at a very early age, often as young as 6-8 months. The behavioral patterns of these children following nutritional rehabilitation are being monitored. A very interesting facet of this project is the development of a method of cerebral transillumination which provides clear indications of fluids within the cranial cavity, thereby indicating the relative reduction in brain size as a result of nutritional deprivation.

While these studies do not relate to severe degrees of mental retardation, they will help provide information on the relationship between the malnutrition in half the world's children and their resultant intellectual, social and physical development. An active program is now underway to locate investigators and opportunities to extend these studies into the United States where ghetto populations may experience varying degrees of marginal malnutrition with only occasional gross situations of the type seen overseas. One research grant to study rural southern populations has been approved and is awaiting funding; several others are in various stages of development.

As a further means of assisting the research community NICHD supports scientific conferences when it is apparent that such conferences will be useful and stimulating. A conference was supported on "Social Science and Mental Retardation: Family Components" which was intended to stimulate social science research in parent-child interactions and other family related aspects of intellectual development and behavior of children. The published proceedings of this conference will be available in January, 1969. A conference of specialists was held this year on the Lesch-Nyhan syndrome which is an inheritable disease of metabolism involving a reduced or absent enzyme. This conference was published in the July-August issue of the Federation Proceedings. Another conference was held in which some 15 specialists in cytogenetics participated in the initial planning for a conference on cytogenetics and mental retardation to be held in June, 1970. This will be the first cytogenetics conference to be devoted primarily and entirely to the problem of mental retardation.

Other programs such as Reproductive Biology, and Perinatal and Infant Mortality cooperate with the Mental Retardation Program in support of research of mutual interest.

Intramurally the NICHD continues to provide clinical service and research in mental retardation at the Children's Diagnostic and Study Branch. The staff of this branch is an interdisciplinary group which works together in research and to treat the whole child. It contains clinical specialists as well as psychologists and social workers who combine their efforts in diagnosing and devising treatment plans for children who are referred to them as a result of observed difficulties in adapting to their environment. This group is currently studying a child with congenital anesthesia to pain, temperature and tactile stimuli, but with normal intelligence. Another child being studied is a case with phenotypic mongolism but genotypically normal leukocytes. Both cases raise very interesting theoretical research questions. Other intramural programs also conduct research of significance to mental retardation, directly or indirectly.

B. National Institute of Neurological Diseases and Stroke (NINDS)

The National Institute of Neurological Diseases and Stroke sponsors no research in mental retardation per se but its interest in mental retardation appears when mental retardation arises as a symptom complication or a sequela of some disease of the central nervous system. Consequently a large number of research projects supported by NINDS can be said to be relevant to mental retardation research, although the interest of the scientist may be in the study of some particular phase of disease rather than in mental retardation research directly. The research projects involved cover nearly all of the scientific disciplines to some degree.

One of the Institute's major efforts which has great interest for mental retardation research is a collaborative project with 14 cooperating institutions investigating the prenatal, perinatal and postnatal factors relating to the development of children. The "Collaborative Study in Cerebral Palsy and Other Neurological and Sensory Disorders in Infancy and Childhood" is following the offspring of more than 50,000 mothers from early pregnancy through labor and delivery until the children are at least through the first year of school. The data are in the process of being analyzed and this project should yield a large amount of valuable information related to mental retardation. The Institute is also supporting epidemiological and genetic studies to establish possible patterns of inheritance or other causative factors leading to neurological disease and mental retardation. These include inborn metabolic errors, chromosomal abnormalities and congenital malformations.

Intra-uterine infections occurring in the first trimester of pregnancy are important factors leading to severe destruction of the brain and major mental impairments. The Laboratory of Perinatal Physiology in Puerto Rico is attempting to determine if the monkey can be used as an animal model for German measles infection. If this proves to be the case research into the mechanisms by which German measles affects the central nervous system will be greatly potentiated.

Research into inborn metabolic errors is being supported in order to discover how early these diseases appear and when to begin treatment. There are more than 200 known metabolic abnormalities of which no more than 6 may be amenable to present therapeutic approaches. Continued study is necessary to enlarge these treatment programs. The biochemistry of these diseases and the relationship of the biochemical activities to brain function are being studied. These studies are directly relevant to the development of mental retardation.

Studies are underway to attempt to link the pathological patterns of brain damage to functional development. In this area the Collaborative Study will be valuable in providing both normative data and incidence statistics relative to mental retardation.

The early diagnosis of mental retardation is frequently extremely difficult. The Institute continues to support programs for the refinement of diagnostic techniques. The problem of minimal brain dysfunction is undergoing reevaluation to assess the current status of and to apply advance techniques to this difficult area.

Mental retardation often follows hydrocephalus and brain tumors in childhood. Development of appropriate surgical or pharmacological therapy remains an objective of the Institute. The Institute is also supporting programs which investigate the mechanisms involved in meningitis or meningoencephalopathy to determine proper preventive and therapeutic approaches.

OFFICE OF EDUCATION

Introduction

Programs dealing with handicapped children in the Office of Education have been placed under the administrative direction of the Bureau of Education for the Handicapped. This is consistent with the efforts of the Office of Education to provide maximum educational programming for all children. The Bureau is responsible for supervising and implementing current and new legislative authorities to provide funds for projects and programs relating to the education, training and research of handicapped children and youth. These children include those who are mentally retarded as well as those who are hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired and require special education.

The Bureau is specifically charged with the task of helping each handicapped child develop to the maximum those skills and talents which will enable him to become independent and self-sufficient as an adult. The Bureau, through its various support mechanisms, directs programs designed to (1) increase the number of qualified professional personnel; (2) improve educational services in local and State programs; (3) stimulate acquisition, evaluation, and utilization of modern educational equipment, media, and teaching materials; and (4) encourage theoretical and applied research, the use of successfully tested research, and advanced educational techniques.

The Bureau of Education for the Handicapped also assumes a major leadership role in the field of special education. To insure effective and capable leadership, the Bureau maintains a constant state of alertness and keeps attuned to new inputs and changes affecting the area of special education. Indicative of its effort to keep in touch with changes occuring in the field, seven special education conferences were held during the first half of 1968. Regionally located, the conferences were attended by approximately 1,000 special educators from all 50 States representing public school programs, institutions for the handicapped, State departments of education, institutions of higher education, and other public and private agencies interested in serving handicapped children.

The seven conferences provided an abundance of information regarding current problems existing in the field of special education as well as projecting possible avenues for their solution. This information is being analyzed and follow-up conferences will be held to study further the efficacy of the proposed solutions. The follow-up conferences, like the above conferences, will be working conferences with an emphasis on two-way communication between educators in the Federal government and those in the field.

The impetus for change and its challenge is part of the climate of the Bureau. It is reflected in the mood and feeling of its professional staff in their drive for commitment and awareness to innovate, to initiate, to lead, to evaluate, and "to be first" to enter new areas to benefit the handicapped. The Bureau provides leadership at every level to provide resources, knowledge, and awareness not limited by lack of preception, or vision, or by lack of dedication to the handicapped by those responsible for effecting policy.

In order to efficiently implement its assigned responsibilities the Bureau is administratively organized into three major divisions and an Office of the Associate Commissioner which includes a Program Planning and Evaluation Office; an Information and Reports Office; an Executive Office; and an Office for the Development of New Programs. This latter office is responsible for developing guidelines to effectively implement new legislation which expands and creates educational opportunities for handicapped children.

Each of the three divisions provide an important element in the functions rendered by the Bureau in making up a total program of service, training, and research for the mentally retarded as well as other handicaps of children. The following pages describe these services for mentally retarded children on a divisional basis.

I. Division of Research

A. Purpose

The Division of Research promotes and supports research and related activities which show promise of leading to improvement in educational programs for handicapped children. Support is available for research, dissemination, demonstration, curriculum, and media activities.

B. History

The program now administered by the Division of Research was initiated during fiscal year 1964 with an appropriation of $1 million authorized under Title III, Section 302 of Public Law 88-164. The scope and flexibility of the program has been extended through amendments to this basic authorizing legislation in P.L. 89-105, P.L. 90-170, and P.L. 90-247. Table 1 provides data on the authorizations, appropriations, obligations, and number of projects supported under this program.

C. Impact on the Problem of Mental Retardation

It is difficult to assess the direct impact of research activities since the lag between the discovery of new knowledge and consequent changes in educational practice obsures the picture. However, some information on the impact of the program is available. As of the end of fiscal year 1968 approximately sixty final reports of research monitored by the Division of Research were made available to practitioners in the field. Many of these research projects have also resulted in other publications in the professional literature. Although the systematic collection of data on the actual implementation of research findings from these projects is just beginning, there are many instances in which these findings have had a direct impact on programs for the mentally retarded.

D. Future Goals

The history of research on handicapped children suggests that minimal gains are obtained by spreading research monies too thinly. Many of the most important problems in education require a massive effort if solutions are to be found in time to help today's children. The Division of Research proposes to support the establishment of Research and Dvelopment Centers to focus on the more difficult problems of evaluation, communication, instructional procedures, etc. Through the combined efforts of Research and Development Centers and programmatic research on specific major educational problems it can be expected that new models of instruction will be available within a few years.

At the same time, systems of dissemination will be evolved which will facilitate the acceptance of these new models by local school administrators. The new systems of dissemination will be built upon the foundation of Instructional Materials Centers already developed and a system of regional resource centers currently being developed.

As more funds for research become available, engineering technology will more and more become a part of research supported by this Division. This development has been made possible by the amendment permitting the use of contracts as well as grants for research and development activities. Engineering technology, programmed instruction, and the "systems approach" to education will occupy a major place in the Division's activities in the years to come.

E. Current Activities

The Division currently supports a wide range of activities relating to the education of mentally retarded children. One of the most visible of these is the network of instructional materials centers for handicapped children. Although serving teachers of all the handicapped, these centers have a major commitment to mental retardation. The Instructional Materials Centers, 14 in all, are scattered across the country to serve specified regions. The primary objective of each center is to keep teachers of handicapped children aware of new developments in educational materials. The centers are evaluating existing materials as to their relevance to the handicapped and assisting in the development of new materials. Since the 14 centers are connected as a network, any information located at any center is immediately relayed to all other centers.

The Comprehensive Research and Demonstration Center for Handicapped Children, now under construction at Teachers College, Columbia University, similarly has a major emphasis on the problems of the retarded, although at the same time relating to the educational problems of many categories of handicapped children. This center represents a major investment of research funds, both for construction and operation, in an attempt to develop an intense effort in this area of education.

Other research activities now under way are attacking the problems of teaching and learning with the mentally retarded. One such project has suggested that time spent in learning to learn can make a significant difference in the learning performance of retarded children. Other projects are developing and testing new curricula for the retarded.

Table 1

Division of Research - - - Historical Data

Year	Authorization	Appropriation	Obligations	#Projects
1964	2,000,000	1,000,000	999,739	34
1965	2,000,000	2,000,000	2,000,000	53
1966	6,000,000	6,000,000	5,994,231	133
1967	9,000,000	8,100,000	8,049,041	127
1968	19,500,000	11,100,000	10,794,113	135
1969	21,750,000	13,600,000	---	---
1970	28,000,000	---	---	---

II. Division of Educational Services

A. Purpose

The Division of Educational Services provides direct support to handicapped children through services at the classroom and intermediate levels. The Division offers support to State, regional, and local programs to assist in developing and maintaining leadership in the education of handicapped children.

B. Historical Development

Public Law 85-905, the Captioned Films for the Deaf Law, was passed by Congress in 1958 to provide entertainment films for the deaf. This law has subsequently been amended by P.L. 87-715 in 1962 and P.L. 89-258 in 1965 to allow for training, research, production and distribution of educational material for use by deaf children. In December 1967, this authority was again expanded to include educational services to all categories of handicapped children through the 1967 amendments to the Elementary and Secondary Education Act.

Public Law 89-313 was passed by Congress in November 1965, which extended the benefits of Title I of the Elementary and Secondary Education Act to handicapped children in State-supported programs.

During recent years, as local facilities for the handicapped have increased, State schools have found the composition of their resident populations changing from the mildly handicapped to large percentages of children who are severely mentally retarded, and those who have serious handicaps in addition to mental retardation. Model and pilot programs for these types of children have been conducted under P.L. 89-313 in many States.

These funds have enabled institutions and agencies to develop programs for children who have not previously been considered capable of responding to educational or rehabilitative services. The results in many instances have been encouraging and special educators and staff in residential institutions have raised their levels of expectations for such children. While this program has had a relatively limited funding based upon its authorization, significant results have been realized especially in terms of planning for comprehensive services. Monies allotted under P.L. 89-313 for handicapped children were $15.917 million for fiscal year 1966, $15.065 million for fiscal year 1967, and $24,747 million for fiscal year 1968, and $29.7 million for fiscal year 1969. In fiscal year 1967, 46,645 mentally retarded youngsters were assisted under this program at an expenditure of $8,473,118.

The 1966 amendments to the Elementary and Secondary Education Act provided under Title VI-A, a program of support to local education agencies through a State plan program. While this law authorized $150.0 million for fiscal year 1968, the appropriations were only $14.25 million. For fiscal year 1969, $162.5 million was authorized and $29.25 million was appropriated.

The 1968 amendments to Title III of the Elementary and Secondary Education Act, provide that 15% of the funds for fiscal year 1969 be spent for innovative and exemplary projects for handicapped children. It is estimated that $3 million of the funds for the handicapped under this Title will be expended for services to retarded youngsters during fiscal year 1969.

P.L. 90-247 provides for the development of regional centers for deaf-blind children under Title VI-C. The appropriation for 1969 is $1 million which will be used for both development of programs and for direct services to deaf-blind children and their parents. The law permits use of these funds for deaf-blind children with additional handicaps, including those who are mentally retarded.

The Handicapped Children's Early Education Assistance Act, embodied in P.L. 90-538, provides for establishment of a number of model programs for serving very young children with various handicaps. These programs will be distributed strategically throughout the country to serve as models for the development of future preschool and early childhood programs. The 1969 appropriation is $1 million, which will serve as planning and development funds during the first year of the program.

C. Impact on Mental Retardation

Programs will have a significant and far-reaching impact upon education and rehabilitation of mentally retarded individuals. Through such direct support programs Title VI (aid to local programs) P.L. 89-313 (aid to State programs), more extensive and comprehensive programs will develop which will include the utilization of the latest teaching techniques and educational technology. Media Services and Captioned Films for the Deaf with expanded responsibility should provide for an opportunity for State and local programs to take advantage of educational materials, media, and equipment especially designed to meet the needs of the handicapped.

D. Future Goals

The goals of the Division of Educational Services are to:

1. Provide significant support monies to both State-supported and local educational programs to assure quality education for all handicapped children.

2. Provide intermediate services such as comprehensive educational diagnostic resource centers on a regional base to provide services for handicapped children and their families. In addition to direct services to children, these centers will provide consultative services to State and local educational agencies to assure the latest available information from research with respect to the learning process.

3. Provide wherever needed comprehensive regional programs for severely multiply handicapped children such as deaf-blind children.

4. Provide through media services the research, production, and distribution of specially designed materials and programs for educational technology for handicapped children. To provide training in the use of media for teachers of the handicapped.

5. Provide through Instructional Material Centers educational management and information systems.

E. Current Activities

During 1968, the Division of Educational Services held five Regional Conferences to acquaint Title I (89-313) Title VI-A and Title III Coordinators with exemplary projects for the handicapped. The Division staff met with over 600 professional and interested parties to discuss the overall service program of the Bureau at these conferences.

During fiscal year 1969, the total funds available for services to handicapped children from this Division will excede $88 million. Most of this money will be made available through State Plan programs. Under the State Plan programs, it is estimated that 25 to 30 percent of the funds will be expended for retarded children.

These programs have led to an interest in comprehensive planning. The Division plans to work with State and project personnel to develop long-range plans and evaluation procedures during 1969. These activities are serving the special educational and related needs of retarded children through such programs as preschool, elementary, and secondary education projects which may include: curriculum enrichment, expansion, and improvement; summer school programs; preschool and school readiness programs; physical education and recreation; prevocational and vocational training; inservice training of teachers; and improved diagnostic services.

III. Division of Training

A. Purpose

The Division of Training Programs initiates, maintains, and improves programs for the preparation of professional leadership and teaching personnel to educate handicapped children. Divisional programs which are designed to implement this purpose are two-fold in their attack, in that they must provide: (1) classroom and administrative personnel for State and local special education programs; and (2) personnel for higher education institutions responsible for preparing administrative and classroom personnel. The Division of Training Programs in an effort to effectively implement training programs for the mentally retarded has organized a Mental Retardation Branch. This Branch, one of three in the Division, is responsible for the coordination and administration of all programs in the area of mental retardation.

B. Need

As more States legislate mandatory education for handicapped children the major problem faced in implementing such legislation is an acute shortage of qualified personnel. Current estimates indicate a need for approximately 300,000 teachers to meet the educational needs of all categories of handicapped children. However, only 70,000 teachers are now available, with the prospect of an additional 21,000 to be trained by 1969. Of the 70,000 teachers available now, approximately one-fourth are not fully qualified. If general turnover rates applicable to the profession are applied, approximately 10% of the special education teachers will leave the field each year. At current rates of preparing professional personnel, sixteen years would be needed to close the gap between supply and demand.

As a result of the teacher shortage, approximately two-thirds of the more than five million handicapped children of school age are not receiving special educational services they require. Many of the established programs are actually of minimal quality, because they have been started with less than fully qualified personnel. This current deficit, as in the past, not only retards the systematic growth of special education, but simultaneously requires the majority of our nation's handicapped children to accept an educational program inappropriate to their needs.

C. History

In 1958, Public Law 85-926 was passed by Congress authorizing an appropriation of $1 million per year for the preparation of professional personnel in the education of the mentally retarded. This initial piece of legislation was directed at preparing college and university personnel to staff the then existing programs, and much needed new programs for preparing personnel to work with the handicapped in State and local school systems. Between academic years 1959-60 and 1963-64, 692 graduate fellowships were granted to 484 individuals. The majority of these individuals became college and university professors while others became State and local special education leadership personnel. In fact, a recent survey made of the above fellowship recipients indicated that approximately 75% of all programs in mental retardation at colleges and universities are directed or coordinated by these individuals.

On October 31, 1963, P.L. 88-164 was signed into law. Section 301 of this act amended P.L. 85-926 to: (1) expand the program to include not just the area of mental retardation, but also the areas of the visually handicapped, deaf, crippled and other health impaired, speech and hearing impaired, and the emotionally disturbed; (2) allow for the preparation of teachers and other specialists in addition to leadership personnel at the graduate level; (3) extension downward into the senior year undergraduate levels; and (4) increase the monies authorized for these purposes. Since P.L. 85-926 was passed in 1958, approximately 17,000 fellowships and traineeships have been awarded to individuals preparing to work with mentally handicapped children. This includes both short term and full academic year awards.

A study conducted in February of 1964, of 245 former P.L. 85-926 fellowship recipients revealed that over 90 percent of them were engaged in the field of special education, including the mentally retarded, and about 70 percent were engaged primarily in the field of mental retardation. Sixty-eight of the 245 former fellows indicated that they were currently employed by a college or university, 80 were employed in an administrative or supervisory capacity (19 of these were employed by State educational agencies), and 54 returned to the classroom as teachers of the mentally retarded.

Public Law 85-926 was further amended with the passage of Public Law 89-105 and 90-170. These amendments expanded and extended the program through fiscal year 1970, authorizing appropriations of $29.5 million for fiscal year 1967; $34 million for fiscal year 1968; $37.5 million for fiscal year 1969; and $55 million for fiscal year 1970. These funds have been, and will be, used as stipends for students as well as to support colleges, universities, and State education agencies with the cost of instruction.

Table I - Awards made in the area of mental retardation since the passage of P.L. 85-926 (Fiscal Years 1960 through 1967)

Fiscal Year	Number of Traineeships & Fellowships	Number of Higher Education Institutions Participating	Number of State Education Agencies Participating	Total Amount Obligated
1960	177	16	23	$ 985,222
1961	164	18	41	993,433
1962	160	20	46	997,000
1963	163	19	48	996,433
1964	2,357	108	50	6 [illegible]19,332
1965	2,506	153	50	6,569,815
1966	3,110	162	52	7,658,002
1967	3,816	177	53	8,891,072
1968	4,521	177	53	8,493,668
1969**				

**Appropriations will be approximately equivalent to fiscal year 1968 (awards not available at time of this report)

The number of individuals being trained in mental retardation under this grant program is significant. The improvement and expansion of the many teacher-training programs in mental retardation throughout the Nation -- resulting directly and indirectly from the grant program -- will, in the long-run, be of even greater significance. Evidence suggests that the support grants which accompany traineeships and fellowships have enabled a great many of the currently participating colleges and universities to add staff, expand the course offerings, and better supervise the observation and student teaching experiences of the students. The total number of students benefiting from these program improvements at the various colleges and universities will, in most instances, far exceed the number of students who are on a fellowship or traineeship.

It is readily apparent that the "old" P.L. 85-296 program, and its major amendment, P.L. 88-164, has enabled a great number of colleges and universities to develop and/or expand their teacher-training programs in mental retardation. A current analysis of the more than 220 institutions requesting funds in the area of mental retardation indicates that more than 150 of them have on their faculties former fellows who review training under Public Law 85-926.

It will be a number of years before there will be a great reduction in the gap between the number of trained teachers and "leadership personnel" in the area of mental retardation who are needed and the number who are available. However, Public Law 85-926 -- prior to and since the amendments by Section 301 of Public Law 88-164 -- has provided the necessary beginning in the effort to close this gap.

1. Program Development Conference

A two day conference was sponsored during the month of May by the Division of Training Programs for special educators from institutions of higher education which had been awarded new program development grants for fiscal year 1968 (academic year 1968-69). Five new institutions with programs in the area of mental retardation participated, in addition to seven institutions which had received program development grants in the area in fiscal year 1967. During the conference, directors of programs in higher education institutions which had already completed one year on a program development grant communicated their experiences to those just entering their first year. The sharing of ideas by "new" and "old" directors of program development grants was found to be most stimulating and beneficial to all in attendance.

A similar conference is planned for the spring of 1969, for recipients of program development grants for fiscal year 1969.

2. University Affiliated Facilities Conference

A two day conference was held in July to more clearly delineate the role of special education training components in university affiliated facilities for the mentally retarded. Participants included personnel from the Bureau of Education for the Handicapped; Social and Rehabilitation Service; the President's Committee on Mental Retardation; the Secretary's Committee on Mental Retardation; directors of university affiliated facilities; and, Office of Education consultants in the area of mental retardation.

The types of models for interdisciplinary training of personnel to be developed in university affiliated programs; criteria for evaluating such programs; and, projected patterns of funding were discussed. Future conferences of this nature were recommended and are being contemplated for the coming year.

D. Current Activities

The Division of Training Programs in an effort to utilize all resources in the provision of quality educational programs for all retarded children has entered into cooperative funding or working arrangements with other personnel training programs in the Office of Education and the Social and Rehabilitation Service. The following are three examples of the Division's cooperative efforts:

1. Teacher Corps

The Teacher Corps and the Division of Training Programs are jointly supporting a teacher corps program at the State College of Arkansas in Conway, Arkansas. Specifically, the Division provided funds for the support of one teacher corps team (six master's level teachers) who will be instructed in special education of the mentally retarded. Concurrent with their instruction, the teacher corps team members will be working in public school systems with rural disadvantaged children throughout the State of Arkansas.

2. University Affiliated Facility Program

The Division of Training Programs in cooperation with the Division of Mental Retardation within the Social and Rehabilitation Service provided monies to support special education components in six university affiliated facility programs for fiscal year 1968. The extent of the Division's support ranges from approximately $11,500 to $30,000 with a total expenditure of $150,000 for the six supported facilities.

The Division will support a special educator on the university affiliated facility core faculty. The special educator will be responsible for instructing medical students, psychologists, social workers, and other related medical personnel as well as students majoring in special education. He will serve to effectively integrate special education concepts into the over-all interdisciplinary training program of the university affiliated facility.

The six programs funded were: John Hopkins University, Baltimore; University of Georgia; University of Miami, Miami; University of California at Los Angeles; Georgetown University, Washington, D.C.; and the University of Alabama, Birmingham.

3. Education Professions Development Act - P.L. 90-35

The Bureau of Educational Personnel Development and the Bureau of Education for the Handicapped have agreed to cooperate in the funding or programs which provide special education training to regular educational personnel who are working with handicapped children. Approximately 15 percent of the funds available under Parts C and D of the above Act will be used in programs to train regular educational personnel such as counselors, educational technology specialists, teachers, and administrators who have an interest or need to become more knowledgeable regarding the problems of the handicapped.

This cooperative program is being coordinated through the Division of Training Programs. The Division director works very closely with personnel within the Bureau of Educational Personnel Development in arriving at funding decisions for projects that involve training in the area of the handicapped. All proposals for example, having a handicapped conponent or orientation are screened initially by the staff of the Division of Training Programs.

When one considers an earlier statement made in this publication to the effect that approximately two thirds of all handicapped children are not receiving specialized educational intervention, it becomes quite obvious that this cooperative agreement will have great impact on improving services for the handicapped. The program, when fully implemented will facilitate greater cooperative interactions between regular and special educators. This will ultimately lead the way to maximum educational programs for all handicapped children.

E. New Programs

1. Special Projects

Training programs to be truly effective must reflect the growth and evolution of special education programs brought about through expansion of research and service activities. As a result training programs must be flexible and enable a continual, but systematic modification of their approaches. Proven traditional approaches to training should be retained, but every opportunity to blend the old approaches with new directions as increased knowledge and experience becomes available, should be encouraged.

To provide means for developing new models in the closing months of fiscal year 1968, the Division of Training Programs implemented a new Special Projects Program Development Grant Award Program. The purpose of the program is to plan; to try new models of training; and to evaluate the effectiveness and efficiency of these new nodels in preparing personnel to work with handicapped children. These grants are designed to provide the wherewithal for the field of special education to develop, implement, and test new approaches for the preparation of personnel to meet current and projected needs in the education of handicapped children.

There are two types of grants within the special projects award program: planning and prototype (including evaluation). Planning grants will be utilized to provide funds for the support of personnel, travel, and other costs necessary for developing a detailed plan for implementation of a prototype.

Prototype grants will be utilized to implement and test new training approaches. Successfully implemented prototype grants which provide viable approaches to training will be placed into the regular award program for future funding to other training agencies in the United States.

Six planning grants were awarded for fiscal year 1968, in amounts ranging from $12,900 to $28,998. The universities receiving the initial awards were: American University; University of Minnesota; George Peabody College; Southern Connecticut State College; University of Illinois; and the University of Iowa.

2. Training of Physical Educators and Recreation Personnel

In addition to the amendments of 85-926 cited earlier, P.L. 90-170, Title V established a program entitled "Training of Physical Educators and Recreation Personnel for Mentally Retarded and Other Handicapped Children." Section 501 of this bill authorized appropriations of $1 million for fiscal year 1968, $2 million for fiscal year 1969 and $3 million for fiscal year 1970.

The Bureau of Education for the Handicapped through the Division of Training Programs will assist universities and colleges in providing advanced professional training to physical educators and recreation personnel working with handicapped children. It is anticipated that planning and program development grants will be awarded to approximately ten to fifteen schools of physical education or recreation to establish graduate level curriculum related to the preparation of college instructors, to some short term training courses designed to stimulate better programming for the handicapped child.

An appropriation of $300,000 was made for the implementation of this program in fiscal year 1969.

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F. Future Goals

The goals of the Division of Training Services are to:

1. Develop "quality" personnel preparation programs at all levels -- undergraduate through graduate.

2. Provide greater opportunities for the interaction of Division staff with university personnel regarding issues in the training of professional personnel.

3. Establish a clear and well defined "State of the Art."

4. Continue cooperating with State departments of education to effect comprehensive planning for the training of personnel in special education.

5. Provide continued leadership to the developing university affiliated programs to insure the incorporation of strong special education components into each program.

6. Produce informative materials concerning the education of mentally retarded children and the training of professional personnel to work with them in educational and related placements.

7. Develop realistic new training programs for personnel at pre-school and work-study levels.

8. Effectuate qualitative evaluation of all current programs preparing personnel in mental retardation.

IV. Other Office of Education Programs for the Mentally Retarded

The Cooperative Research Act (P.L. 89-10, Title IV) is supporting several projects concerned with mental retardation. Some of the activities funded under this program touched upon the development of a project for educable mentally retarded children to receive vocational training in food service; the relationship between the training experience and certain personality characteristics of teachers and the progress their trainable mentally retarded students made; and a comparison of two learning and retention techniques with mentally retarded children.

The Vocational Education Amendments of 1968 provide that at least 10 percent of each State's allotment for basic grants must be used for programs for persons who are handicapped, including persons who are mentally retarded or seriously emotionally disturbed. This provision of the Act becomes effective in fiscal year 1970. It is anticipated that about 50,000 mentally retarded persons will be served with about $11,500,000.

SOCIAL AND REHABILITATION SERVICE

Introduction

The Social and Rehabilitation Service (SRS) was established August 15, 1967, by the Secretary of Health, Education, and Welfare to join under a single leadership the Department's income support programs for needy Americans and the social and rehabilitation programs that many families and individuals need.

The organization is designed to provide a stronger emphasis on rehabilitation in social and welfare programs.

Key features of the organization are:

--The uniting in a single agency of the various HEW services that deal with special groups -- the aged, the handicapped, and families, especially children.

--The separation of the administration of income-maintenance programs for needy persons from rehabilitation and social service programs.

--Decentralization of certain authority to the Department's nine Regional Offices and the appointment of a single Social and Rehabilitation Service Regional Commissioner in each region to make it easier for States and communities to do business with the Federal Government.

The five major components of the agency are: the Administration on Aging; Assistance Payments Administration; Children's Bureau; Medical Services Administration; and the Rehabilitation Services Administration.

All of these component agencies have major responsibilities in the area of mental retardation except for the Assistance Payments Administration. The reorganization has placed new responsibilities for the mentally retarded on the Administration on Aging, the Children's Bureau, and the Rehabilitation Services Administration, which are now concerned with the provision of social and rehabilitative services to various categories of public assistance recipients. The Rehabilitation Services Administration also includes the Division of Mental Retardation.

Also located in SRS is the Office of Research, Demonstrations and Training. This office administers a program of grants to States and to public and private, nonprofit agencies to pay part of the cost for research, demonstrations, and the establishment of special facilities and services contributing to the field of rehabilitation.

New legislation has reaffirmed and expanded the Nation's commitment to programs on behalf of the mentally retarded. This includes the Mental Retardation Amendments of 1967, the Vocational Rehabilitation Amendments of 1965, 1967 and 1968, and various aspects of the Social Security Amendments of 1967.

The responsibilities and activities of the component agencies of the Social and Rehabilitation Service and the provisions of the new legislation with respect to programs for the mentally retarded are described on pages 27 to 61.

Office of Research, Demonstration and Training

1. Rehabilitation Research Branch Program of the Research and Demonstration Grants Division

This Branch carries on a substantial program of research on problems of rehabilitation of retardates. Areas covered include evaluation of aptitudes and abilities, analysis of jobs which the retarded can perform, opening of new occupational areas for the retarded, improvement of counseling techniques, development of new methods of training and job adjustment and evaluation of facilities and programs to assist the transition of the retardate from the institution or other sheltered environment to community participation. The 1965 Amendments to the Vocational Rehabilitation Act recognized in particular the needs of retardates by providing up to eighteen months of services during which the individual is evaluated for employment potential. These amendments also recognized the need for continuing care and study in the form of provision for improved workshops for retardates and other handicapped persons.

The Amendments of 1968 have focused attention on the necessity for research on retardation as a function of cultural deprivation. Current programs of research and demonstration are, therefore, increasingly concerned with new approaches to retardation in ghetto areas, and especially model city neighborhoods. Rehabilitation techniques already developed through research are being extended to problems of the hard core welfare client.

Emphasis is placed on the coordination and focusing of all relevant community agencies on the problems of the retarded. Projects in five different cities have demonstrated ways of most fruitfully bringing together the services of agencies involved in programs for the retarded. An additional study evaluated the efforts of one of these coordinated services programs.

Culture-fair assessment of rehabilitation clients has become of increasing importance as selection for jobs has extended to cultural handicaps. A simple pictorial inventory which will assist in solving this problem for retardates is the recently completed Vocational Interest and Sophistication Assessment Test standardized on 3,000 retarded persons and predicting what job an individual will find most satisfying to him in terms of his interests.

A variety of community based projects demonstrating involvement of community resources for training of retarded and for their transition to the wider community are the results of recent research efforts. For example, the San Francisco Aid for Retarded Children, Inc., worked with several retarded adults who had little or no employment background. It was found that 50 percent of the experimental sample could be trained and placed in outside employment. Last year witnessed the completion of a substantial number of work study programs for retarded adolescents. These have been sponsored by State Divisions of Vocational Rehabilitation jointly with local school boards, parent organizations, private schools, and State departments of education. In these projects of even severely retarded adolescents, 40 percent have been placed in outside jobs. All projects were taken over by the community at completion.

The Bourbon County Schools work-study project, one of several in Appalachia, was established in Kentucky, a State with one of the highest dropout rates in the nation. The retarded subjects were children of impoverished parents; the majority were from homes of tenant or farm laborers with earnings well below poverty level. Despite the massive handicaps of cultural deprivation and mental retardation among the youngsters studied, this project, over its three-year term, reported a dropout rate of only 5 percent. Moreover, 88 percent of the sample of youngsters served have been trained and placed in jobs thus contributing not only to their own independence, but also to the economic welfare of their parents and the community at large.

During the past two years the State Divisions of Vocational Rehabilitation have conducted energetic programs to place the retarded in a wide variety of civil service jobs. The District of Columbia, DVR and George Washington University are now engaged in a follow-up study of the first 2,000 mentally retarded workers placed with the Federal government throughout the country to determine how effective the program has been and how to improve and expand it to State governments as well.

In order to accelerate training and make it more widely available, the research program has supported a number of projects demonstrating automated teaching techniques for the retarded. One of these, a research demonstration completed last year by the Devereux Foundation, Devon, Pennsylvania, found that automated teaching methods combined with regular classroom work proved more effective than machine methods alone or classroom instruction alone in enabling retarded students to utilize learned material in a practical work situation. To increase manpower for assisting the retarded, the research program extended support to research demonstrating techniques for training volunteers to work with retardates. The MacDonald Training Center Foundation, Tampa, Florida, last year completed a project that developed effective methods of selecting, orienting, and training volunteers whose activities will supplement services of professionals to mentally retarded persons.

2. Rehabilitation Research and Training Centers Program

The Research and Training Centers Division of the Office of Research, Demonstrations, and Training has responsibility for administering three Rehabilitation Research and Training Centers in Mental Retardation. These centers are distinct organizational and physical entities providing a continuing framework for psychological, social, vocational and rehabilitation research and training, and at least on a demonstration basis, a comprehensive program of evaluation, training, counseling and placement of the mentally retarded individual. The three Mental Retardation Research and Training Centers currently sponsored by the Social and Rehabilitation Service of the Department of Health, Education, and Welfare, are the University of Wisconsin, the University of Texas, and the University of Oregon.

The research conducted by these centers encompasses many aspects of the rehabilitation process, from onset to training and placement of the retarded individual. It is broadly directed to a wide range of psychosocial, vocational, or other fields of rehabilitation, and also to specific problems in the many aspects of rehabilitation of the retarded.

The training program of these centers provide training of all types, long-term as well as short-term, professional, technical, and for all categories of students, graduate or undergraduate, working in the medical, health-related or other professions engaged in rehabilitation. The program provides training in such areas as the principles of rehabilitation of the retarded and the special problems related to individual or groups of educational, psychosocial, vocational, and medical and other disciplines in the practice of rehabilitation. In all instances, training has been based upon a defined, organized program of instruction designed for undergraduate and graduate students, interns, and professional workers in the field of rehabilitation. Selected sub-professional workers have also been trained.

In 1968, the three Mental Retardation Centers conducted 51 research projects. Of this number, eighteen are continuing to seek out the cause of retardation, to assess the potential for education and rehabilitation, to develop training and remedial programs suited to the needs of the retarded, and to ascertain the actual learning and socialization difficulties encountered by the retarded. Also being emphasized is the development of adequate motivation for work in the retarded through family, school, and community resources.

The Mental Retardation Research and Training Centers have proposed more than thirty continuing projects directed to the analysis of behavior of the retarded in a variety of settings, the socialization processes, and the mechanisms of acquiring adaptive behavior. Such studies will enable new conceptualizations, not previously available, to be utilized in preparing the retarded for productive, independent living. This research knowledge will also be helpful in planning and developing remedial and rehabilitation programs for the disadvantaged and culturally deprived in becoming more self-sufficient.

As an example, a "high-risk" population laboratory has been established by the University of Wisconsin Research and Training Center in the Milwaukee innercity area of economic and cultural deprivation, which is characterized by an extremely high incidence of mental retardation. Studies revealed that although the area comprises only 2½ percent of the city's population, it yields 33-1/3 percent of the total number of children identified as educable mentally retarded. Also, 45.4 percent of the mothers who had IQ's below 80 accounted for 78.2 percent of the children with IQ's below 80. This laboratory survey is maintained on an ongoing basis, with the findings of individual studies of value to the retarded population, their families and public and private agencies serving the needs of this population.

In the area of training, 33 short-term courses attended by 2,332 trainees were sponsored by the three Mental Retardation Research and Training Centers. One center alone provided training for more than 600 rehabilitation counselors and special education personnel in specific rehabilitation techniques leading to employment of the retarded.

A continuing emphasis will be maintained by the three Mental Retardation Centers in 1970 on the departmental priorities of model cities, neighborhood service centers, motivating people to work, rural poverty, and other priority areas as they relate to mental retardation.

During the 1969 fiscal year, the Department of Health, Education, and Welfare appropriation to the three centers was $1,075,000.

3. Division of International Activities

The Division of International Activities is the focal point for the development of all SRS international activities. These include program operations in the fields of maternal and child health, services to crippled children, social welfare, and vocational rehabilitation of the physically handicapped and the mentally retarded. As part of a reorganization of August 1967, international staff of the Welfare Administration, Children's Bureau and the Vocational Rehabilitation Administration were brought together in one unit to administer programs designed to supplement and complement domestic programs and to strengthen relationships with other countries as well as to further U.S. foreign policy goals.

A major segment of the international program has been the development and support of cooperative research and demonstration projects in certain foreign countries.

This program, financed with U.S. owned foreign currencies derived from the sale of agricultural commodities, was initiated by the Vocational Rehabilitation Administration in 1961. A vital adjunct to these research activities is the interchange of experts program authorized under the International Health Research Act. As a result of this authority, the Social and Rehabilitation Service has arranged for the interchange of scientists and experts engaged in research between the U. S. and countries participating in this cooperative program.

Since the beginning of the research and demonstration program in 1961, 22 projects in various aspects of mental retardation have been approved by the Division of International Activities. The range of research interest is very broad encompassing both medical and non-medical projects as well as clients of all ages. Types of projects that are now in progress include: investigations concerning the incidence of phenylketonuria; experimentation with new techniques for training the mentally retarded; and investigations on the medical, psychological, social and cultural aspects of mental retardation. During the past year, projects dealing with mental retardation were approved in Celon, India, Israel, Poland and Tunisia.

The Administration on Aging

1. Older Americans Act - Title III Program

Title III of the Older Americans Act of 1965 provides for funds from the Administration on Aging to stimulate the establishment of a single agency in each State to be responsible for the coordination of all State activities and programs in aging. Once the governor has designated such an agency and the State plan has been approved, allotments are made to the State. The State, in turn, makes grants to public and nonprofit private agencies for (1) community planning and demonstration of programs in aging; (2) for demonstration of new programs or activities beneficial to older people; (3) training special personnel for such programs; and (4) establishment of new or expansion of existing programs, including senior centers.

Under a Title III grant, the Boulder River Junior Chamber of Commerce, in Boulder, Montana, is operating a project called "Senior Citizens Conducting Programs for the Mentally Retarded Aged." The program was initiated because existing services and programs at the Montana State Training School and Hospital were focused on younger residents and the older population was being neglected.

During the first year of the project six older people were trained to provide services to over 100 mentally retarded aged at the School. As a result 25 of these aged residents were placed in the community during the year, some in fulltime jobs and a few in nursing homes. During the second year, two additional older people were recruited and trained to work at the School and a part-time social worker was added to the project staff to help place and follow-up mentally retarded aged who return to their home communities. The project expects to return about 30 additional residents from the group to their communities by the end of the year.

2. Older Americans Act - Title IV Program

Title IV of the Older Americans Act authorizes the Administration on Aging to make direct grants or to contract for research and demonstration projects of national or regional interest and value. Under a Title IV grant to the Community Service Society of New York, a demonstration project is being conducted on

Staten Island in the recruitment, training, placement and retention of older people as volunteers in community service. Of the 256 volunteers, with an average age of almost 70, currently active in the program, 130 are serving at the Willowbrook State School, a 6,000-bed institution for the mentally retarded of all ages. Thirty-nine of the volunteers have been working at Willowbrook more than 2½ years.

Volunteers serve from 4 to 6 hours one or two days a week and perform such functions as feeding and playing with babies and young children, helping in the school rooms, and in the occupational therapy programs, sewing, stamping garments, and repairing toys and furniture in the shops. In addition, a group of women mend clothing for the School at the Stapleton Senior Center, and a folk dance group from another center visits the School once a week to teach dancing to teenage residents of a specially selected ward.

3. The Foster Grandparent Program

The Administration on Aging also administers the Foster Grandparent Program under contract with the Office of Economic Opportunity. The Foster Grandparent Program recruits and trains low-income men and women over 60 years of age to serve as foster grandparents to children in institutional and community settings. "Grandparents" provide two hours of individual attention to each of two children daily, and usually work five days a week.

In December 1968, there were 68 projects in 40 States and Puerto Rico. About 8,000 children--5,500 of whom are mentally retarded--in 203 institutional and community settings are served by 4,000 foster grandparents. Over 120 communities are affected by the program and many more have expressed interest in developing a project.

The work of the foster grandparents is entirely child-related, on a one-to-one basis, and aimed at providing personal attention to neglected and deprived children, not to relieve institution staff of routine care tasks. Administrative staff of institutions for the mentally retarded report that the children show improvement in self-care skills and motor skills and that, in addition, the positive results which the children show often serve to raise the morale of the institution staff.

There have been quite a few evaluations of individual Foster Grandparent projects within the past two years. All of them conclude that, based on the project studied, the program is a viable one which has great potential for further expansion and growth. The report of the findings of a two-year study of the program at the Denton State School, Denton, Texas, conducted by Dr. Hiram J. Friedsam and Mr. H.R. Dick, North Texas State University, concludes:

> "No matter how fleeting the contact or how limited the carryover, the program does enrich the lives of the children it touches, and anyone who is familiar with institutions for retarded children will not judge this to be a minor success."

In one project for retarded children, seven children achieved the level of functioning that enabled them to enter Head Start classes; four were admitted to special education classes; one boy thought to be retarded was enrolled in summer Head Start and then registered for a regular classroom program. In another project, "Grandparents" are working within a public school, enabling retarded children to attend regular classes.

Grandparents are forming a link between the community and the institutions, bringing the outside in to the children and bringing to the community a new attitude on the subject of mental retardation.

Further information may be obtained from the Commissioner, Administration on Aging, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201, or the Office of Older Persons Programs, Office of Economic Opportunity, Washington, D.C. 20506.

Children's Bureau

Introduction

The concern of the Children's Bureau for mentally retarded children and their families stems initially from its responsibility under the Basic Act of 1912 to "investigate and report on all matters pertaining to the welfare of children and child life." In the first 6 years of its existence, three of the major studies produced by the Bureau dealt with mental retardation.

The passage of the Social Security Act in 1935 and the assignment to the Bureau of the added responsibility of administering Federal grants for maternal and child health, crippled children, and child welfare services, emphasized the principle that all of the people, through the Federal government, share with the State and local governments responsibility for helping to provide community services that children need to have for a good start in life. The Social Security Act also afforded the Bureau an opportunity to help the States develop demonstrations and special programs in areas where there were gaps in services.

As recently as 1954, maternal and child health activities in the Children's Bureau on behalf of mentally retarded children and their families were extremely limited. Many local public health nurses were reporting suspected mentally retarded children in their caseloads, but for the most part, they had few or no resources for establishing a diagnosis. By age groups, the greatest gap in available services was in relation to infants and preschool children. It appeared that many of the services that were lacking could best be provided through program emphasis within the framework of the maternal and child health program. The basic interests of this program - that is, preventive health services, child health supervision, growth and development and the fostering of good parent-child relationships - are also the basic interests of a program for mentally retarded children.

It was on this basis and to achieve these goals that the Congress for fiscal year 1957, increased the Children's Bureau's annual maternal and child health appropriation and earmarked $1 million specifically for special projects serving this group of children. The Appropriations Committee also expressed the hope that an additional million dollars of the increase, which was to be distributed to the States on a regular formula basis, would be used to implement services for the mentally retarded. The enactment of P.L. 88-156 in 1963 increased the authorization and has resulted in increased appropriations both for special projects for mentally retarded children and in the amount of regular formula funds designated for this purpose. P.L. 89-97, "Social Security Amendments of 1965," made further improvements, including the provision of grants for the training of professional health personnel to work with crippled children, particularly the mentally retarded and those with multiple handicaps.

P.L. 89-97 also made available project grants to provide comprehensive health care and services for children and youth of preschool or school age, particularly in areas with concentration of low-income families. The appropriation for the fiscal year 1966 for this program was $15 million; for fiscal year 1967 $35 million; for fiscal year 1968 $37 million; and for fiscal year 1969 $39 million.

Mentally retarded children and their families are also aided by the Children's Bureau's program of child welfare services. The goal of this program is the provision of "public social services which supplement, or substitute for, parental care and supervision for the purpose of (1) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children, (2) protecting and caring for homeless, dependent or neglected children, (3) protecting and promoting the welfare of children of working mothers, and (4) otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or, where needed, the provision of adequate care of children away from their homes in foster family homes or day-care or other child-care facilities." The States used grant-in-aid funds for child welfare services, authorized by the Social Security Act, early in scattered instances to provide services in behalf of retarded children, including foster care, and for child welfare workers who gave some service to this special group of children. It was not until 1957, however, that special child welfare staff was provided by the Children's Bureau to assist the States in providing services to these children. The years since, as part of the Bureau's overall effort to reach out to special groups of children, have seen substantially increased child welfare services extended to the mentally retarded. Although programs for the mentally retarded have developed markedly, a considerable need for service to this group remains.

A further impetus to improving care of retarded children was provided by the Child Welfare Research and Demonstration Grants Program authorized by the Social Security Amendments of 1960 and by the Maternal and Child Health and Crippled Children's Services Research Projects authorized by the 1963 amendments. Some of the program research conducted under both of these programs pertains to mentally retarded children.

The Child Health Act of 1967, which is included in P.L. 90-248, the "Social Security Amendments of 1967," makes provision for the following: (1) increased authorizations for child health under Title V; (2) services for reducing infant mortality and otherwise promoting the health of mothers and children; (3) family planning services; (4) continuation of the programs of maternity and infant care project grants and of comprehensive grants for the health of preschool and school-age children; (5) new dental health service projects; (6) emphasis on early identification of health defects of children; and (7) broadening the scope of research and training authorizations. Reducing the incidence of mental retardation and improving care to mentally retarded children are among the objectives of these provisions.

The "Social Security Amendments of 1967" authorize grants to States for services to families and children receiving Aid to Families with Dependent Children (AFDC). Based on each such family's special circumstances and requirements, services are provided for assisting the family to obtain or retain capability for self-support and care, maintain and strengthen family life and foster child development. Handicapped children and their families receiving AFDC are included in this program.

I. Preventive Services

A. Maternity and Infant Care Projects

The report of the President's Panel on Mental Retardation emphasized the interrelationships of lack of prenatal care, prematurity, and mental retardation. A recent major emphasis in Children's Bureau programs has been the Maternity and Infant Care Projects, authorized by P.L. 88-156, "Maternal and Child Health and Mental Retardation Planning Amendments of 1963." This law provides for a new authorization for project grants to meet up to 75 percent of the cost of projects for the provision of necessary health care to prospective mothers who have, or who are likely to have, conditions associated with childbearing which increase the hazards to the health of the mothers or their infants, and whom the State or local health department determines will not receive necessary health care because they are from low-income families or for other reasons beyond their control. In addition, the legislation provides for medical and hospital care for premature infants and other infants at risk. Late in fiscal year 1964, $5 million was appropriated for this program, and eight projects were approved. For fiscal year 1965, $15 million was appropriated; for fiscal year 1966, $30 million, for fiscal year 1967, $30 million; for fiscal year 1968, $30 million, and for fiscal year 1969, $36 million. By the end of December 1968, 53 projects were in operation.

P.L. 90-248 extends the program of maternity and infant care projects until June 30, 1972, after which they become a special part of each State health services plan. The new legislation continues the intent to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing, and in addition calls for services for helping to reduce infant and maternal mortality. It also adds authority for projects for intensive care of infants and for family planning services.

B. Phenylketonuria and Other Metabolic Diseases

A second major emphasis in prevention within the past few years has been in relation to phenylketonuria (PKU). This inborn error of metabolism has in the past been responsible for one percent of the population in our State institutions for the mentally retarded. By detecting families with the condition and by placing young infants with the condition on a special diet, mental retardation can usually be prevented. The Children's Bureau had been working with State health departments in developing and trying out various screening and detection programs, developing the necessary laboratory facilities, and assisting States in providing the special diet and follow-up programs for these families. When the Guthrie inhibition assay method for screening newborn babies was developed, the Children's Bureau supported field trials of this test. More than 400,000 newborn babies in 29 States were screened, and 39 cases of PKU were found, an incidence of almost one in 10,000.

The Children's Bureau is now urging that all States have a program for screening infants for PKU. Although such a program may be initiated without a legislative requirement, in many States laws have been enacted on this subject. As of the end of December 1968, 43 States had such laws, most of them making screening for PKU mandatory. The 43 States are:

Alabama
Alaska
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin

As more children with PKU are found, the problems relating to treatment services are receiving increased attention. Funds were granted for planning a 5-year collaborative study of treated phenylketonuric children, for purposes of increasing knowledge of methods of treatment of children with this disease; this study is now under way, with a number of clinics participating. A grant has also been made to develop a reference and standard service for phenylalanine determinations needed in screening and treatment. In April 1966, an important meeting was financed by the Children's Bureau to discuss PKU screening and treatment problems, pathogenesis of the disease, and other relevant topics. The proceedings of this Conference have been published under the title, "Phenylketonuria and Allied Metabolic Diseases." "Recommended Guidelines for PKU Programs" have also been prepared to make known the Children's Bureau recommendations for a comprehensive PKU program.

Interest is also increasing in metabolic diseases other than PKU that lead to mental retardation. The Children's Bureau is continuing to support a study of the clinical application of screening tests to detect galactosemia, maple syrup urine disease, and histidinemia. Also, support is being given to studies of new approaches to broader screening methods; for example, support is being given to a study which would make available a battery of automated tests for screening metabolic diseases. In addition, field trials are being conducted of a simple method to determine elevations of 10 different amino acids, for detection of metabolic disorders.

C. Lead Poisoning

In the area of prevention, increasing attention is being paid to lead poisoning. Despite present-day manufacture and use of lead-free paint, many children become mentally retarded or suffer other damage from ingestion of chips of lead-containing paint from walls and woodwork in old, dilapidated housing. A publication, "Lead Poisoning in Children," addressed to public health workers, has been prepared, suggesting a program of prevention, casefinding, follow-up of cases, and other measures to cope with this problem. Some of the Children and Youth projects have had a special interest in finding and treating children with lead poisoning.

D. Immunizations

From experience with immunization of children against diphtheria, tetanus, and pertussis, and against measles, it has been learned that special efforts need to be made to reach children in the low-income neighborhoods of many cities. To achieve the maximum effect when the rubella vaccine is licensed, therefore, a major public health program will have to be launched. As a first step in this direction, the Children's Bureau prepared and distributed a brochure on the subject of Rubella.

E. Familial Mental Retardation

Interest is increasing in mental retardation associated with poverty. The Children's Bureau has published "Children of Deprivation," a report of a project at the University of Iowa dealing with this problem, and some of the Children's Bureau-supported mental retardation clinics are now showing more active concern with this cause of mental retardation.

II. Basic and Supportive Services

A. Casefinding and Screening

The Children's Bureau has, from the beginning of its work in financing programs for retarded children, emphasized the importance of early detection and casefinding. Preference to young children as new cases has been encouraged in the clinics supported by Children's Bureau funds. In recent years training, particularly for nurses, has emphasized the skills necessary for early detection. "A Developmental Approach to Casefinding with Special Reference to Cerebral Palsy, Mental Retardation, and Related Disorders," written by a nurse, was published in 1967 to provide a tool for developing such competency.

B. Clinical Services

Support of clinical services for mentally retarded children is one of the most important uses for Children's Bureau mental retardation funds. The services provided include diagnosis, evaluation of a child's capacity for growth, the development of a treatment and management plan, interpretation of findings to parents and follow-up care and supervision. As of the end of November 1966, of the almost 200 mental retardation clinics in the country, the staff and services of 135 were supported in whole or in part by Children's Bureau funds. The Children's Bureau-supported clinics served approximately 40,000 children in fiscal year 1966. Somewhat over one-third of the children new to the program were under 5 years of age. During fiscal year 1967 and 1968, the number of Children's Bureau-supported clinics increased; by the end of fiscal year 1968 there were 150 such clinics serving approximately 43,000 children. The total number of mental retardation clinics in the United States is now 235.

The Children and Youth projects authorized by P.L. 89-97 offer an opportunity for providing increased services to mentally retarded children in the areas served by the projects. As of the end of December 1968, 58 Children and Youth projects were in operation. These projects provide comprehensive health services for children especially those living in areas with concentrations of low-income families.

C. Crippled Children's Services

Since enactment of the Social Security Act in 1935, the Federal government, through the Children's Bureau, has assisted the States in providing services to crippled children. Although exact data are not available, it is known that relatively few mentally retarded children were cared for in these programs prior to 1963. The enactment of P.L. 88-156, providing for increased funds for the crippled children's program and for the earmarking of some of the funds specifically for mentally retarded children, has resulted in more attention being paid to physically handicapped retarded children. In some States, the definition of crippling conditions is being broadened to include conditions for which services had not hitherto been given. Some children who would formerly have been turned away are now being given services.

An important use of the expanded funds available for mentally retarded crippled children is in providing services for institutionalized children; for example, orthopedic services not hitherto available to these children. In addition, the Children's Bureau staff itself has provided some consultation to the institutions, particularly in the fields of nutrition and physical therapy and to some extent in nursing.

A recent development has been a broadening of the scope of services to give more attention to children who are both physically handicapped and mentally retarded, children who have several physical handicaps, and children with serious learning disorders. Some mental retardation clinics are showing increased interest in serving these children and a number of special clinics, financed by Children's Bureau funds, have been set up.

Another use of Crippled Children's funds in the mental retardation field is a study and demonstration project now under way concerning the speech and language skills of mentally retarded children.

In 1966, over 20,000 children with diagnoses of various forms of mental retardation received medical services in the Crippled Children's program. The 1967 amendments to the Social Security Act require that State plans for Crippled Children's services provide for more vigorous efforts to screen and treat children with disabling conditions. This provision should result in an increase in the number of mentally retarded children identified and treated.

D. Cytogenetic and Biochemical Laboratory Programs

A new use to which some of the Children's Bureau funds earmarked for mental retardation are being put is in the area of cytogenetic and biochemical laboratory services. Project grants have been approved which establish such programs as extensions of clinical services at hospitals or medical schools. Projects include chromosome analysis and diagnosis of various medical conditions which may be genetic and result in mental retardation. On the basis of these analyses, counseling may also be given to parents seeking advice on genetic questions. The biochemical laboratories may also do continuing monitoring of patients with metabolic diseases. Training in medical genetics is also an important aspect of many of these projects. By the end of December 1968, 20 such projects had been approved. In March 1966 a group of experts in this field was called in to discuss and make recommendations on present and future Bureau programs in this area.

E. Dental Programs

Programs for the dental care of handicapped children, including the mentally retarded, have been encouraged in the past; but dental care will be given new support as a result of the 1967 Social Security Amendments. These amendments authorize support of up to 75 percent of the cost of projects to provide comprehensive dental health services for children from low-income families. No appropriation for this program was made for fiscal year 1969.

F. Family and Child Welfare Services

The Children's Bureau administers child welfare services funds authorized by the Social Security Act, as amended, for the purpose of cooperating with State public welfare agencies in establishing, extending and strengthening child welfare services. These funds are allocated to States on a formula basis. The appropriation for fiscal year 1969 was $46 million. Although none of these funds are earmarked especially for serving the retarded, mentally retarded children are provided these services. Child welfare services, which can benefit the mentally retarded and their families, include parent counseling, homemaker services, day care services, foster family care, care in group homes, adoption services, services to unmarried mothers, and certain institutional pre-admission and aftercare services.

At the present time, all State public welfare programs provide some child welfare services for mentally retarded children. By conservative estimates of the Children's Bureau, 45,000 mentally retarded children receive child welfare services from public welfare agencies.

The "Social Security Amendments of 1967" authorize grants to State public welfare agencies for providing services to families and children receiving Aid to Families with Dependent Children. Federal funds are authorized to pay 85 percent of State costs for these services through fiscal year 1969. After July 1, 1969, Federal funds are authorized to pay for 75 percent of State costs. This program, also administered by the Children's Bureau, will bring increased attention to the

the special needs of the estimated 131,000 AFDC children who are mentally retarded and to the family conditions in which mental retardation is often rooted.

Following are examples of developments related to the extension and improvement of family and child welfare services to mentally retarded children and their families:

A mental retardation specialist, during the two years since he was first employed by a State public welfare agency, has contributed substantially to the development of services and facilities, including specialized foster family care, from which retarded children and their families benefit. In addition, he has been instrumental in improving coordination among the State's programs for the retarded.

A State on the basis of its experience in providing the range of child welfare services through a special unit for the retarded in one locality, is now extending increased child welfare services to retarded children and their families in other areas of the State. In another State, the school of social work has a mental retardation field instruction unit located in a county public welfare department. According to the director of the county agency, this unit, which receives Children's Bureau support, benefits the county in addition to providing a learning experience to the students. Increased services rendered by the students to the county's mentally retarded and their families is one benefit. The director also points out that the unit's emphasis on problems connected with mental retardation has served to "sharpen up all the (agency's) workers to give this particular problem more attention."

Several States report that with the support of a child welfare worker and assistance provided through this service in utilizing other community resources, parents often are able to keep their retarded children at home and keep their families intact. One agency through group counseling has assisted parents not only to meet the needs of their retarded children better but also to take action aimed at development of additional community programs for the retarded.

Another State public welfare agency describes its new homemaker service project as a "real success." This project provides 32 itinerant homemakers who specialize in serving families of retarded children. Through homemaker services, an overburdened mother can be relieved of the constant and full responsibility for the day-to-day care of her retarded child. Frequently, she acquires new skills which help her in better home management and in her special problems with child care.

Another important service provided by several State public welfare agencies to assist mentally retarded children and their families is day care service. Day care services offer both constructive experiences for some retarded children and necessary help and relief for their parents. This service often may be the key factor in determining whether a child can remain with his family. In one State, the number of licensed daytime activity centers for the retarded has quadrupled, from 21 to more than 80, in about a four-year period. The State child welfare agency licenses these centers. With concern for quality in their day care programs for the retarded, some States have given special attention to the development of standards and to training of day care personnel. The value of stronger linkage between the day care center and the family is also receiving increased attention in many of these programs. During the past year, Children's Bureau has cooperated with the National Association for Retarded Children (NARC) in planning and conducting a workshop on day care services, held in advance of the NARC Annual Convention. The general purpose of the workshop was to assist in the development and improvement of day care services for the retarded.

Most States provide some foster family care for retarded children. In all, it is estimated that 14,000 of the retarded children receiving public child welfare services are in foster family care.

Some children, who must be cared for outside their own homes, can profit from close interpersonal relationships and respond to the stimulation of foster family life. Short-term foster care at intervals or during period of crisis may enable a retarded child's family to provide adequately for him at home for the most part. For other retarded children, foster family care permits long-term benefits of family life and community living. Foster family care would be the plan of choice for many children who have been placed inappropriately in large residential facilities. In fact, some States are giving attention to the "exchange" of children between institutional and child welfare services programs to assure more appropriate services for particular children.

The experience of several States illustrates that retarded children can profit from adoption and that adoptive placement is feasible for many of these children. An article by the Children's Bureau specialist on adoptions and services to unmarried mothers, "The Adoption of Mentally Retarded Children," was published in the January-February 1968, issue of CHILDREN. As some evidence of the interest in adoption of the retarded, over 8,000 reprints of this article have been disseminated, a large portion of this number upon request.

Family and child welfare services also may have preventive aspects in relation to mental retardation. For example, day care or foster care for children from certain deprived homes may be preventive services.

Homemaker service may be preventive in nature when brought into play with some expectant mothers who need relief from the physical demands of caring for other children. Protective services can reduce child abuse as a cause of mental retardation. Services to unmarried expectant mothers can assure utilization of proper prenatal services.

Family and child welfare workers also are in a key position with regard to early casefinding, assistance with obtaining proper diagnosis and providing continuity of planning and services consistent with the needs of the individual retarded child and his family.

In spite of the efforts and potential of family and child welfare services, which have been cited, numbers of retarded children and their families need and could profit from such services not now available. Professionally skilled staff, new programs, and extension of those in existence are needed. The continuing emphasis on community services as a means of combating mental retardation will place increasing demands on family and child welfare agencies. The need for increasing these services of the public welfare agencies is expressly emphasized by the report of the President's Committee on Mental Retardation, MR 68, The Edge of Change.

G. Program Aids

The Children's Bureau has assisted in the production and circulation of films on mental retardation and has also operated an exchange of educational materials as a service to the mental retardation clinics. Since November of 1961, through this exchange, well over 400 items have been distributed to each of the mental retardation clinics in the country. Special publications have been developed which have been in great demand. In addition, pertinent articles appearing in various professional journals have been reprinted and distributed. During the calendar year 1968, more than 29,000 individual copies of publications were distributed in response to requests. A recent publication, "Selected Reading Suggestions for Parents of Mentally Retarded Children" has been very much in demand. Another new publication, "Feeding the Child with a Handicap" has also been popular.

III. Training of Personnel

A. Training for Health Services

Training activities for health services in the field of mental retardation, assisted by Children's Bureau funds, have encompassed many approaches: Grants for fellowships; support of and participation in institutes, conferences, and other short-term training sessions; consultation on course curricula; arrangements for clinical experience in mental retardation clinics; distribution of informational materials to professional workers; and recently support of the university-affiliated centers being constructed under authority of P.L. 88-164, Title I, Part B.

The following points up the wide range of disciplines involved in training activities and illustrates the variety of training approaches.

During fiscal year 1965, the Children's Bureau funded 27 pediatric fellowships in mental retardation; in fiscal year 1966, 39; and in fiscal year 1967, 26 such fellowships were funded. In nursing, assistance was given in fiscal year 1967 and continued in 1968 to 10 university schools of nursing for their graduate programs in maternal and child nursing, including mental retardation; in these programs special attention is given to the nursing role in casefinding, prevention and intervention. In addition, in both years four of these university schools of nursing were given grants for continuing education courses for nurses in mental retardation. State agencies also sponsored short-term, intensive educational programs in mental retardation for staff nurses. The Fourth National Workshop for Nurses in Mental Retardation sponsored by the Children's Bureau, held in Miami in 1967, was attended by 60 nurses.

At the University of Washington in Seattle, and at the University of Tennessee in Memphis, the Children's Bureau is supporting training programs for nutritionists in mental retardation and handicapping conditions. In the 1967-1968 academic year, eight nutritionists were enrolled for the three-month fellowship at the University of Washington, and one for the 18 months' program leading to a Master's degree. In 1968 staff discussed training programs in mental retardation at a Symposium for Research and Therapeutic Dietitians sponsored by Walter Reed Hospital, Washington, D.C., and at a major session of the Annual Meeting of the American Dietetic Association in San Francisco. About 450 dietitians were reached through these two meetings.

In the 1966-67 academic year, 45 pre-masters social work students received their training in 19 Children's Bureau-supported mental retardation clinics from 20 graduate schools of social work; some of these students received stipends through training projects supported by the Children's Bureau. During 1967-68, 59 students from 19 schools of social work, received their training in 22 such clinics. Additional students were placed in Children's Bureau-supported programs where they could have experience with mental retardation cases; there were 90 students from 18 schools of social work in improving Maternal and Child Health and Crippled Children's Services, with additional students placed in other Children's Bureau-supported projects. A small number of post-masters social work students, who are receiving stipends through Children's Bureau projects, received exposure to mental retardation in their field placements.

Training of dentists to work with mentally retarded children was stimulated, as was the training of psychologists, occupational therapists and physical therapists. In the latter two fields, special project grants to the University of Florida for occupational therapy and the University of North Carolina for physical therapy, to enhance the preparation of therapists for service to multi-handicapped children, are in their third year of development. In occupational therapy, grants to Boston University and the University of Southern California are facilitating the development of graduate programs with emphasis on evaluation of and programming for handicapped children including the mentally retarded. During 1968, the proceedings of two seminars for occupational therapists on perceptual-motor dysfunction were reprinted and widely distributed. Staff members in both disciplines are being added to increasing numbers of university-affiliated facilities to expand the training of future therapists, in an interdisciplinary setting, for service to mentally retarded children and their families.

Children's Bureau special project funds support academic training in speech pathology and audiology in 5 universities, both for faculty and for stipends to 31 students seeking an M.A. or Ph.D. degree. Another university training program in communicative disorders supports faculty in pediatrics and otolaryngology as well as in audiology and speech pathology. A clinical fellowship program in pediatric-audiology has been expanded from 1 to 3 universities. All these training programs include a mental retardation component.

Medical genetics represents a new field of training which was begun in fiscal year 1965 and extended in subsequent fiscal years. Training programs, as part of the cytogenetic and biochemical laboratories, were set up for physicians and biochemists to specialize in aspects of medical genetics, particularly in cytogenetics, metabolic disease, and endocrinology.

The 1965 amendments to the Social Security Act made additional provision for grants for training purposes to be administered by the Children's Bureau. The amendments authorized appropriations for grants to be made to public or other nonprofit institutions of higher learning "for training professional personnel for health and related care of crippled children, particularly mentally retarded children and children with multiple handicaps." The amounts appropriated for this program, $4 million in fiscal year 1967 and $7 million in fiscal year 1968, were used primarily to support training in the university-affiliated centers for diagnosis and treatment of the mentally retarded. For the fiscal year 1969, $9 million was appropriated for this program.

The new Section 511 of the Social Security Act as amended in 1967 replaces and expands the training authority to include all personnel involved in providing health care and related services to mothers and children, with special attention to undergraduate training. This amount, supplemented by special project funds from the MCH and CC programs, was used primarily to develop and support programs of interdisciplinary training in 22 universities. These university-affiliated programs are developing a variety of training approaches for the many disciplines involved in caring for the retarded child.

B. Training for Child Welfare Services

States are urged to provide educational leave for the training of child welfare staff. Grant-in-aid funds may be used for this purpose. All States have structures for a staff development program, including orientation, inservice training, and educational leave. These programs contribute to the overall increase of child welfare staff which is better able to serve the mentally retarded.

The 1962 Amendments of the Social Security Act provided a new avenue for augmenting the supply of trained child welfare workers by establishing grants for child welfare training projects. This program provides grants to public and other nonprofit institutions of higher learning for special projects for training personnel in the field of child welfare, including traineeships to students. Training for child welfare services to the mentally retarded and their families is included in this program.

While facts on this program are not available for the current academic year, during the 1967-68 school year five projects were funded to provide social work field instruction units in mental retardation settings. Thirty students were trained in the five units. Twenty-nine students receiving child welfare traineeships through this program were also placed in mental retardation settings by 19 schools of social work. For that academic year, also, information from schools of social work indicates that more than 75 child welfare-related mental retardation agencies were providing field instruction experience for over 200 students.

One State in cooperation with a school of social work completed a project for the training of foster parents of the mentally retarded during 1968. A total of 71 foster parents registered for this training project which was supported by a child welfare training grant from the Children's Bureau. Over 400 copies of the final report of the project were disseminated to schools of social work, State departments of public welfare, and other interested individuals.

IV. Research

The Children's Bureau Clearinghouse, which maintains an inventory of current research relating to children, recently revised its publication, "Research Relating to Mentally Retarded Children"; this is a listing of the mental retardation studies reported to the Clearinghouse during the period 1949-1965, including references to published reports.

Two research grant programs administered by the Children's Bureau can be used for program research assisting mentally retarded children:

A. Child Welfare Research and Demonstration Grants Program

The Child Welfare Research and Demonstration Grants Program, authorized by the Social Security Amendments of 1960, provides financial support for special research or demonstration projects in child welfare which are of regional or national significance, and for special demonstrations of new methods or facilities which show promise of substantial contribution to the advancement of child welfare.

Since community support is vital to improvement of child welfare services, an important function of several projects is to develop support through interpretation and communication of the problems that many children face, ranging from shattered families to mental retardation.

Projects relating to mental retardation which have been completed include: (1) a demonstration to test the feasibility and value of foster home care for deprived mentally retarded children; (2) a demonstration, training, and service project designed to test the feasibility of training and using unskilled personnel as aides to professional personnel in caring for retarded children in the areas of homemaking and child care, physical medicine and nursing care, speech therapy, play activity, and auxiliary maternal care; (3) a study of specialized foster home care for deprived mentally retarded children; and (4) a study of existing laws and their administration applicable to children suffering from mental disorders, including their commitment, care, and guardianship.

A grant was made to Howard University for a project to determine how much a day-care program, plus parent education activities, can accomplish to offset intellectual and social disadvantages encountered by environmentally deprived children on entering public school. The research component of the project was carried out by the Children's Bureau. Recently, the entire project was transferred to George Washington University.

During fiscal year 1969, the Child Welfare Research and Demonstration Grants Program will be supporting 8 other projects with mental retardation elements. Three are day-care centers which attempt to develop techniques for supplementing the early experience of underprivileged children. These centers are located at Syracuse University, University of North Carolina, and at Cambridge, Massachusetts. The latter is sponsored by the KLH Corporation, and is an attempt to evaluate the feasibility of combining Federal and industrial funds in such a venture. Another grant is to the School of Applied Social Sciences at Case Western Reserve University to run a neighborhood multi-service center. One project deals with abused and neglected children, another with law, mental disorders and juvenile processes. The last two studies relate to work with infants and preschoolers who are prone to become mentally retarded with reasons other than genetic or congenital factors. As the vast majority of mentally retarded children appear to have functional retardation an increased effort has been launched to develop feasible programs of prevention. A study with the Family Service Association of Nassau County is aiding the cognitive growth and development of preschool children using a special day-care program combined with work with parents. At the University of Florida a special study is focusing on using child development aides who teach mothers how to stimulate and motivate their infants and toddlers without the necessity of placing them in a day-care group program.

B. Maternal and Child Health and Crippled Children's Services

The purpose of this research grant program, authorized by the Maternal and Child Health and Mental Retardation Planning Amendments of 1963, is to support studies that show promise of making a substantial contribution to the advancement of health programs for mothers and children. Programs for mentally retarded children may be included in these studies.

In the area of mental retardation, projects have been funded which will study ways to improve amounts and quality of prenatal care. These are an effort to reduce the occurrence of prematurity and as a means of preventing mental retardation due to these causes. Several projects supported in various schools of medicine have as their objective an evaluation of methods for screening children for metabolic and other inherited diseases which can lead to mental retardation. They also seek to develop procedures for screening preschool children for neurological damage and psychological deviancy.

In one project, a major step may be achieved in alleviating the critical shortage of trained professional psychologists. This project will test, in selected mental retardation clinics throughout the country, a plan for utilizing nonprofessional personnel. Another major study that has been funded proposes to uncover every case of mental retardation in a well-defined population. The prevalence of mental retardation and its relation to social, economic, and demographic characteristics of the individual and his household will be investigated in the hope of uncovering etiological relationships.

The final report of a study entitled "Medical Needs of Children in Institutions for the Mentally Retarded" makes clear that some State institutions are failing to provide the necessary services to meet the health and medical needs of the mentally retarded child. Suggestions are made to correct this long-standing problem using the financial resources of the State and the medical personnel in the local community.

The Retarded Infants Service of New York has completed its report entitled "Feasibility of Training and Using Unskilled Personnel as Aides to Professional

Personnel in Caring for Retarded Children." This study is a pioneering effort in using aides in a variety of service programs concerned with mentally retarded children and has wide applicability. Still another study examines intensively the sequelae of infants and toddlers with congenital rubella and another study will follow up low birth-weight infants.

During fiscal year 1969, the Maternal and Child Health and Crippled Children's Services Research Grants Program will be supporting 10 projects with mental retardation elements or components. One new study will undertake the treatment of serotonin deficiency in children with Down's Syndrome.

The "Social Security Amendments of 1967" provide that after June 30, 1968, special emphasis shall be given to research projects which will study need for, feasibility, costs and effectiveness of use of health personnel with varying levels of training.

Medical Services Administration

The Medical Services Administration (MSA) is the agency responsible for the administration of Title XIX of the Social Security Act.

The Mental Health Branch, Health Services Division, MSA, has the responsibility for the mental retardation activities in conjunction with the medical assistance program.

The mentally retarded who meet a State's eligibility requirements for the medical assistance program may receive the same benefits in terms of medical care, as any other recipient. The amount and scope of medical services depend on the individual State plan.

The mentally retarded who are determined eligible may also benefit from the Social Security Amendment of 1967, under assistance in the form of institutional services in Intermediate Care Facilities.

During the fiscal year July 1, 1967, to June 30, 1968, approximately $30,000,000 in Federal funds was awarded to 5 States through Title XIX for payment of medical services and skilled nursing services provided to the mentally retarded. Those States receiving assistance were: Pennsylvania, Wisconsin, Texas, Kansas and Oklahoma.

Rehabilitation Services Administration

Introduction

The Rehabilitation Services Administration is responsible for a broad range of programs designed both for the provision of diagnostic, treatment, and rehabilitation services for the mentally retarded, and for the support of special facilities and activities to expand and improve national resources for serving the mentally retarded. These programs include the State-Federal vocational rehabilitation program, as well as special project grants for the expansion and innovation of vocational rehabilitation services; the improvement of State residential institutions and sheltered workshops for the mentally retarded; the planning and construction of rehabilitation facilities and sheltered workshops, the construction and staffing of specialized community facilities, and the construction of university affiliated facilities for the mentally retarded; and training for professional, supportive and technical personnel already engaged or preparing to engage in occupations in the care and rehabilitation of the mentally retarded.

These diverse activities are unified by the common goal and objective of assisting mentally retarded individuals to achieve and maintain the maximum personal, social, and economic competence of which they are capable. Underlying these activities is the continuing concern for expanding the opportunities and resources available to the more severely mentally retarded.

I. Basic and Supportive Services

A. Vocational Rehabilitation Services

Under the public rehabilitation program, grants are made to State vocational rehabilitation agencies to assist them in providing rehabilitation services to mentally and physically disabled individuals who have substantial employment handicaps and who can reasonably be expected to be rehabilitated into gainful employment. Among the services provided by State vocational rehabilitation agencies are comprehensive medical, psychosocial and vocational evaluation; physical restoration; counseling; adjustment, pre-vocational and vocational training; maintenance and transportation during the rehabilitation process; placement in suitable employment; services to families of handicapped people when such services contribute substantially to the rehabilitation of the handicapped client; recruitment and training services to provide new careers for handicapped people in the field of rehabilitation and other public service areas; and follow-up services to assist handicapped individuals to maintain their employment.

Of the 207,918 disabled people rehabilitated through the State-Federal program in fiscal year 1968, approximately 19,100 were characterized by the primary disability of mental retardation. Looking ahead, it is projected that about 26,000 retardates will be rehabilitated through the public program in fiscal year 1969.

There are many ways in which State vocational rehabilitation agencies have been organizing and developing their services for the mentally retarded. Basic to the vocational rehabilitation effort has been the growing reliance on counselors and other vocational rehabilitation staff who work only with retarded clients. This specialized staff may be assigned to local vocational rehabilitation offices, schools, institutions, sheltered workshops, or other facilities serving the mentally retarded. By concentrating their attention on the mentally retarded clients, these counselors are successfully developing rehabilitation plans based on the special problems of the retarded and are able to be broadly responsive to the needs of both the client and his family. As special vocational rehabilitation programs and facilities for the retarded continue to be developed and expanded, the number of specialized counselors within State vocational rehabilitation agencies continue to increase.

The specialized vocational rehabilitation staff working with the mentally retarded has been particularly effective in the development of cooperative vocational rehabilitation-school programs designed to assist the retarded young person to make a satisfying transition from school to work. These cooperative school programs are found in many communities throughout the country and have greatly strengthened both special education and vocational rehabilitation efforts with the mentally retarded. The cooperative program structure varies from State to State, and the variety of approaches is extraordinary. In some States, program administration is Statewide and in others there are individual agreements with individual school districts. Some programs function only to serve the mentally retarded and others include youth with all kinds of disabilities. In some States, only vocational rehabilitation and special education are administratively involved, while in others representation includes vocational education.

Most cooperative arrangements have brought about the development of vocationally oriented curricula within the schools. All of them, however, provide for a comprehensive evaluation of the retarded young person's vocational rehabilitation potential; the provision of personal adjustment and pre-vocational training; counseling; on-the-job training and work experience; job placement, follow-up and related vocational rehabilitation case services.

The number of retarded young people enrolled in cooperative vocational rehabilitation work-study programs is increasing steadily as new programs are developed. An estimated 6,600 are enrolled in Florida; 4,180 in Texas; 3,960 in Georgia; and 3,300 in California. These cooperative programs have proven themselves effective in reducing the school dropout rate of retarded youngsters and have provided a technique for continuous service to youngsters during the school years when they are best able to benefit from them.

Another emphasis of State vocational rehabilitation agencies has been the establishment of rehabilitation facilities, such as comprehensive rehabilitation centers, evaluation centers, occupational training centers, workshops, half-way houses, and other specialized facilities serving the mentally retarded. Such rehabilitation facilities may be established by State rehabilitation agencies, by the State agency in cooperation with other public agencies, or by other public or private agencies.

State vocational rehabilitation agencies may assist in the construction of rehabilitation facilities in a variety of ways. They may construct new buildings; alter, expand or renovate existing buildings; purchase necessary equipment; and provide initial staffing support for a period of 4 years and 3 months. In some cases, State agencies provide direct grants to the facilities from State appropriated funds. In other cases, local facilities and workshops are supported by means of private contributions which may be used for Federal matching.

The rehabilitation of the mentally retarded is a major concern of the State agencies and this concern is evidenced both in programs directed specifically at serving the retarded and in programs in which the retarded are served in addition to other special groups of individuals. Projects for groups, such as Selective Service rejectees, welfare clients, public offenders and the economically disadvantaged have demonstrated a high incidence of mental retardation and have resulted in considerable service to the mentally retarded. By participating in multi-service centers, concerted services projects, pilot neighborhood activities and similar efforts, State rehabilitation agencies are extending their services in order to reach and rehabilitate greater numbers of retarded persons living in both rural and urban poverty.

Recent years have seen the development of many new job opportunities for the mentally retarded. Under a jointly sponsored Rehabilitation Services Administration-U.S. Civil Service Commission program for Federal employment of the mentally retarded, for example, State vocational rehabilitation agencies have been certifying retardates as qualified for existing vacancies in Federal installations across the country since the beginning of the program.

B. Vocational Rehabilitation Service Project Grants

Special project grants for the innovation and expansion of vocational rehabilitation services have also been utilized to extend and improve State rehabilitation agency efforts for the mentally retarded. Innovation grants provide the means for State agencies to develop new programs and techniques in order to adapt to changing needs, while expansion grants are designed specifically to increase the number of people rehabilitated by the State agency.

Under the Innovation Program, for example, a project in Idaho has made possible the remodeling of the vocational workshop center at the Idaho State School and Hospital for the Mentally Retarded. A project in Maine, conducted in cooperation with the Manpower Development Program, is preparing mentally retarded persons for suitable placement. In Montana, a rehabilitation facility for both residents and non-residents of the State training school has been supported. In Pennsylvania an evaluation unit program for the visually handicapped mentally retarded has been developed at a State school.

The Expansion Grant Program has supported the growth of sheltered workshop and other facility resources for the mentally retarded in Alaska, Indiana, Louisiana, Massachusetts, Nebraska, Oregon, and Pennsylvania. An expansion project in North Carolina has brought special services to the mentally retarded public offender incarcerated within the prison system; and a project in Washington has enabled a sheltered workshop to expand its operation into a box manufacturing plant.

Within an extensive program of rehabilitation facility improvement, the Rehabilitation Services Administration administers Workshop Improvement grants designed to upgrade the services of sheltered workshops and other facilities by supporting such activities as the employment of additional staff, technical consultation, staff development, and the purchase or rental of equipment.

During fiscal year 1968, 171 Workshop Improvement Grants totaling $3,422,000 were awarded to sheltered workshops, many of which were affiliated with local associations for retarded children. Workshop Improvement Grants were also awarded to residential institutions for the mentally retarded to improve their sheltered workshop programs.

Other rehabilitation facility improvement activities are: (1) a program of technical assistance consultation by means of which contracts may be made with State vocational rehabilitation agencies or with other expert consultants to provide workshops and other facilities with special consultation services; and (2) projects to share in the cost of providing training services for handicapped individuals in public or other nonprofit workshops and rehabilitation facilities. Federal financial participation in the Training Services grant program may assist in the cost of such services as training in occupational skills, work evaluation, work testing, provision of occupational tools and equipment necessary for training purposes and job tryouts.

During fiscal year 1968, Training Services Grants totaling $6,000,000 were awarded to 36 workshops serving the mentally retarded as well as other disabled persons.

C. Social Services within Public Welfare Agencies

The Rehabilitation Services Administration is also responsible for the promotion and maintenance of standards for social services provided by State and local public welfare agencies on behalf of disabled public assistance recipients. Such services are directed toward strengthening individual and family life and helping needy individuals attain the maximum economic and personal independence of which they are capable. Among the disabled clients within the Aid to the Blind and Aid to the Permanently and Totally Disabled Categories are an estimated 115,000 mentally retarded adults.

While there are many special problems and conditions which are of concern to the public assistance programs, mental retardation has particular significance as a frequent cause of economic dependency. Many of these retarded persons cannot live in the community unless special protective services are provided in their behalf. These social services are particularly essential when family members through incapacity or death can no longer provide a protective environment.

Homemaker services, group work services, foster family care, group and volunteer services, and use of additional specialists, such as teachers, psychologists, and counselors, can make special contributions towards meeting the needs of the mentally retarded. Public welfare agencies are responsible for participating with the total community in developing diagnostic treatment, training and employment services, for the mentally retarded, and for developing basic social services to support, encourage, and sustain the mentally retarded in areas of family and social functioning.

The various State public welfare agencies may elect to provide as a minimum the following services: (a) those providing protection for the individual; (b) those which help the client remain in or return to the community; and (c) those services appropriate for self-support. Other services -- to persons with potentials for self-care, to those estranged from family, and to those who are former and potential public assistance applicants and recipients -- may be provided in addition. Special programs providing homemakers, volunteers and groups services may also be furnished in addition to the minimum services. When the States elect to provide these services, Federal matching in the amount of 75 percent is available to meet such costs. About two-thirds of the States have elected to provide at least the minimum services and a further expansion of social service is being encouraged.

D. Mental Retardation Hospital Improvement

The Mental Retardation Hospital Improvement Grant Program is designed to assist State institutions for the mentally retarded to improve their care, treatment, and rehabilitation service. The program is specifically focused on the demonstration of improved methods of service and care, as opposed to research exploration or the development of new knowledge.

Only State residential institutions for the mentally retarded are eligible to apply for these grants. These State institutions are defined as those residential facilities under the administrative direction of State agencies responsible for such institutions. The maximum amount of support, including direct and indirect costs, that an institution can receive under this program for any one budget period (usually 12 months) is one hundred thousand dollars ($100,000). Individual projects are normally approved for no more than a five-year period. Except in unusual instances, individual projects are completed within this approved period. Projects are planned in response to high priority needs in relation to the overall institution plan and are directed toward the ultimate improvement of resident care throughout the institution.

An analysis of the current Hospital Improvement projects shows that a majority of the projects is focused on specialized services for residents who will require long-term care and treatment. A number of these projects involve retardates functioning at the severe and profound levels of retardation; some involve multiply handicapped residents; and a few are concerned with aged residents. Demonstration projects for these more severely retarded and dependent residents are emphasizing personal development by means of self-care training, socialization experiences, intensive medical diagnosis and treatment, and opportunity for improved speech.

A number of projects have focused on special program areas, such as prevocational training for adolescents, and programs of treatment, training, and social habilitation. Other projects provide a diversified range of improved services, such as placement preparation, speech therapy, medical-physical diagnosis and treatment, recreation services, social-vocational habilitation diagnostic study with improved records and program planning and use of the unit system, all of which enhance the development of an institution-community continuum of services.

The Mental Retardation Hospital Improvement project grant program was initiated in 1964 as an extension of the Mental Health project grant program. By the end of 1968, 91 projects in 87 State institutions for the mentally retarded had received awards. There are 169 eligible institutions at this time. This means that approximately 52 percent of the rapidly increasing number of eligible institutions are included in the program. All but five States had at least one grant for an institution for the retarded.

Although the program has been in operation for less than five years, it is already clear that many of the severely and profoundly retarded residents are benefiting. Some are able to participate in more advanced developmental programs of the institution, and others are returning to their families and communities. There is evidence that the success of the patients is changing staff attitudes and "deinstitutionalizing" staff attitudes and behavior. For many institutions the projects are stimulating improved institution-community program coordination, and making possible a more effective use of nearby community, university and college resources.

Major emphasis in this program during the next year will continue to be placed both on the extension of coverage to those institutions not yet involved in the program and on the development of long-term collaborative efforts by the staffs of the institutions receiving grants, their State mental retardation agencies, and the Rehabilitation Services Administration. Such collaboration is being developed so that project experience in solving problems of institutional care of the mentally retarded may be assessed and shared to ensure that improved methods and techniques can be widely disseminated.

The coordination of institutional programs with community service programs and Statewide comprehensive planning activities remains an important objective of the Mental Retardation Hospital Improvement Program.

E. Community Services

Although Community Service projects are administered in the Office of Community Health Service of the Health Services and Mental Health Administration, Public Health Service, the Division of Mental Retardation within the Rehabilitation Services Administration actively stimulates such projects and encourages their submission for competitive evaluation and support.

High priority is given project proposals directed to programs to individuals with moderate to profound intellectual impairment through special health services which could not usually be available through programs presently serving the general population. Grants are available for projects devoted to: (1) new or expanding existing programs to serve the mentally retarded and their families; (2) proposals designed to reflect multiple agency funding when possible; (3) proposals involving the utilization of disadvantaged persons in the program when appropriate; and (4) those involving such activities as community-wide planning, coordination and/or citizen participation as well as the provision of special health-related services such as homemaker services, special therapeutic recreation, or information and referral services.

The first area of priority is being given to projects in target cities,which provide unmet services to the retarded in model cities, ghettos, neighborhood health centers, family planning or coordinated health programs.

II. Recent Legislation

Special provisions in the 1965 Vocational Rehabilitation Amendments (P.L. 89-333) assisted States in meeting the cost of providing vocational rehabilitation services to handicapped individuals in order to determine whether they can reasonably be expected to engage in gainful employment. In the case of the mentally retarded, such services may be extended over a period of 18 months. Previously, State rehabilitation agencies were expected to determine after an initial diagnostic evaluation, but prior to the rendering of any services, whether a handicapped person could reasonably be expected to become employable after his rehabilitation program has been completed. this provision permits State rehabilitation agencies to work with an increased number of more severely retarded clients, and provide them with extended evaluative services in order to determine their real potential for ultimate employment.

Partially as a result of this new opportunity, State rehabilitation agencies are better able to give special attention to developing services for retarded persons with multiple disabilities. Special programs for the mentally retarded blind, for example, are currently being explored in a number of States.

An additional resource for aiding in the rehabilitation of the retarded is the authority in the Social Security Trust Funds for rehabilitation services to selected categories of disability beneficiaries. These supplemental funds will be especially helpful to State vocational rehabilitation agencies in serving the Disabled Children Over Age 18 group, which contains many of the more severely retarded with no past record of employment.

Under the Military Medical Benefits Amendments of 1966 (P.L. 89-614) State rehabilitation agencies are cooperating in the provision of rehabilitation services to moderately or severely mentally retarded dependents of military personnel on active duty.

The 1967 Vocational Rehabilitation Amendments (P.L. 90-99) provided that State plans for vocational rehabilitation must be amended by July 1, 1969, to ensure that no residence requirement will be imposed on eligible clients. This means that any mentally retarded individual present in a State may be evaluated for vocational rehabilitation without regard to how long he may have resided in that State.

These 1967 Amendments also authorized project grants to serve disabled migratory agricultural workers. State rehabilitation agencies and other public or private nonprofit organizations will be able to obtain Federal aid to develop projects which provide rehabilitation services no only to the disabled migratory workers but also to members of his family if such services contribute to the rehabilitation of the worker. Federal funds are expected to be available for this program in fiscal year 1970.

In addition to broadening the scope of rehabilitation services, the 1968 Vocational Rehabilitation Amendments (P.L. 90-391) authorize a new Vocational Evaluation and Work Adjustment Program to serve the disadvantaged, including the physically and mentally handicapped. The Amendments also authorize projects with industry to provide on-the-job training in work settings and eventual employment to handicapped people. Provisions are also made to recruit and train handicapped individuals, including the mentally handicapped, in a wide range of public service employment.

III. Training of Personnel

A. Training Grant Programs

The Rehabilitation Services Administration supports a variety of training grant programs designed to increase both the supply and competence of professional and subprofessional personnel qualified to provide rehabilitative, health and other services to the mentally retarded. Included within the training activity are: (1) grants to educational institutions to employ faculty or otherwise expand or improve their instructional resources (teaching grants); (2) grants to educational institutions for traineeships (stipends) to students; (3) grants to State residential institutions for the mentally retarded and State vocational rehabilitation agencies for in-service staff training; (4) contracts with educational institutions and other agencies to support short-term training programs; and (5) grants to public and private nonprofit agencies and organizations for a program of student work experience and training in mental retardation.

Under the Vocational Rehabilitation Act during fiscal year 1968 there were 39 long-term teaching grants supported at 34 different institutions or organizations, including 31 universities. There were also 6 short-term training grants during this same period. The long-term grants supported the professional education of specialists in social work, speech pathology, and audiology, rehabilitation counseling and physical therapy with 278 traineeships awarded in these areas including 4 traineeships awarded by the Research and Training Center at the University of Oregon. Short-term courses were largely conducted by three RSA-supported centers for short-term training in mental retardation--University of North Carolina, Columbia University and California State College at Los Angeles. These courses reached 743 students during 1968. Two additional courses involved 118 more students. The total amount obligated by RSA in fiscal year 1968 for support of training of rehabilitation personnel in mental retardation was 2,037,191. It is estimated that the 1969 total will be about the same.

Rehabilitation Services Administration activities in fiscal year 1969 in the field of professional preparation include:

--Maintaining level of students in graduate training programs in psychology, social work, rehabilitation counseling, physical therapy, speech pathology and audiology receiving specialized training in the rehabilitation of the mentally retarded through supervised field work in mental retardation settings;

--Improvement in curriculum content and teaching methods in training projects through support of field teachers, the development of case material and other teaching aides, the encouragement of research in the rehabilitation of the mentally retarded, and training courses dealing with the scope, nature and place of content on mental retardation in the curriculum. The teaching films produced by Parsons State Hospital, for example, should be ready for distribution and use by rehabilitation personnel shortly;

--Upgrading of personnel now serving the mentally retarded through short-term training courses of great variety in length, subject matter, intensity, depth and frequency. Included will be professional personnel in all relevant fields, sheltered workshop executives, floor supervisors and others in positions with management responsibilities;

--Encouragement of a comprehensive, interdisciplinary approach to providing care and rehabilitation of the mentally retarded through training courses focused on interdisciplinary program planning and operation of rehabilitation services;

--Stimulation of training programs for assistant or aide positions in such fields as physical therapy, occupational therapy, social work and of educational objectives, curriculum development and preparation of teaching materials;

--Support of training programs for volunteers in rehabilitation of the mentally retarded, not only for assistance to professional personnel engaged in services to individuals or groups, but also for lay leadership in community planning and program development;

--Development of training programs to prepare executives and other management personnel in rehabilitation facility administration, including workshops offering sheltered employment, vocational evaluation or occupational adjustment services;

--Extension and development of training in rehabilitative medicine to include orientation to mental retardation at the undergraduate level and at the residency level in physical medicine and rehabilitation.

Based upon continuation of 1968 projects, 1969 grants made by the RSA will include:

B. Multi-Disciplinary Programs

California State College at Los Angeles;
Columbia University, Teachers College
Devereux Foundation
University of North Carolina

In addition, the SRS-supported Research and Training Centers (Mental Retardation) receive RSA training funds for support of stipends for graduate students. They are the Universities of Oregon, Texas and Wisconsin.

C. Field Instruction Unites

1. Rehabilitation Counseling

California State College at Los Angeles
Columbia University, Teachers College
University of Florida
Michigan State University
New York Medical College
State University of New York at Buffalo
Southern Illinois University
Syracuse University
West Virginia University
University of Wisconsin, Madison

2. Social Work

Boston College
University of California (Berkeley)
University of California (Los Angeles)
University of Connecticut
University of Denver
Louisiana State University
University of Michigan
New York University
Rutgers--The State University

Simmons College
University of Texas
Tulane University
University of Utah
University of Washington
University of Wisconsin (Madison)
University of Wisconsin (Milwaukee)

3. Speech Pathology and Audiology

Michigan State University

4. Physical Therapy

University of Oklahoma

5. Occupational Therapy

Parsons State Hospital

6. Medicine

University of Mississippi
University of Rochester

7. Medical Genetics

University of California

8. Dentistry

Long Island Jewish Hospital
Montana State Board of Health

9. Medical Technology

St. Mary's Junior College
University of Wisconsin

10. Psychology

University of Alabama
Memphis State University
University of Mississippi
University of South Carolina

11. Nursing

California Board of Nursing Education
University of Tennessee

12. Program Management

Florida State University

Short-term training in mental retardation is being conducted by University of Alabama, Boston College, California State College, Columbia University, Denver Board for the Mentally Retarded and Seriously Handicapped, Inc., University of Indiana, National Recreation and Park Association, University of Minnesota, New York Academy of Science, University of North Carolina, University of Southern California, University of Wisconsin.

The long-term multidisciplinary training programs at the University of Wisconsin, the University of Oregon and the University of Texas are now operating within Social and Rehabilitation Service Research and Training Centers. Long-term traineeships at these Centers are supported by Rehabilitation Services Administration funds and 14 such traineeships were awarded by the Research and Training Centers in fiscal year 1968. Although the underlying content and intent of the multidisciplinary courses supported under the Vocational Rehabilitation Act are geared to vocational rehabilitation, the programs will serve many other professional disciplines either in their own professional grouping or in courses serving several professional disciplines.

Individual traineeship grants have also been awarded to 65 post-resident, graduate, and post-graduate nursing students to pursue professional careers in mental retardation in such fields as medicine, dentistry, psychology, social work, nursing, recreational therapy, speech therapy, and music therapy.

D. Hospital Inservice Training

The Rehabilitation Services Administration is especially concerned with improving the quality of service within institutions for the mentally retarded. Hospital Inservice Training grants have been designed to provide a continuing means for increasing the effectiveness of employees in State training schools and other state residential institutions for the mentally retarded.

One hundred and nine of the eligible State residential facilities in 46 States and 2 territories are receiving a total of $2,182,000 through the Hospital Inservice Training program and are translating the rapidly expanding body of knowledge about practices in the care of the mentally retarded into more effective services.

Hospital inservice training has been broadly defined to include: pre-service training, job-related training, inservice training, continuing education, special training and technical training needed to introduce new methods, and training of personnel which will result in an improved quality of care for the mentally retarded residing in institutions.

Because personnel such as attendants, houseparents, psychiatric aides, and others in similar personnel categories comprise the major portion of those rendering direct care to institutionalized retardates, the first major area of grant support was extended to these personnel. Grant support is available for inservice training of all professional, subprofessional, and technical personnel who have direct responsibilities for resident care and training.

Every State residential facility for the mentally retarded is eligible to participate in this program. The maximum grant to a single institution may not exceed $25,000 in any one year. These grants can be made for a period of up to seven years and are renewable.

There are four general types of training supported by inservice training grants to institutions for the mentally retarded: (a) orientation and initial on-the-job training for employees; (b) refresher, continuation, and other special job-related training courses; (c) continuation training for technical and professional staff to keep them informed of new developments in their fields which can be translated into more effective patient service; and (d) special instructor training for staff with inservice training responsibilities aimed at providing a cadre of personnel to continue and extend the institutional training program.

The personnel categories involved as trainees in these programs have been, in order of descending frequency, aides, attendants, charge aides, supervisors, registered nurses, and practical nurses.

The content of the training programs includes general instruction in the areas of mental retardation; child growth and development; nursing care skills; patient-staff relations; human behavior; intra-staff relations; supervisory skills; communications skills; and adjunctive therapy skills.

Consultation is given to the institutions which have received grants to assist them in making the best use of training opportunities. Technical information and professional consultation is being provided to the remaining State institutions for the mentally retarded in order to enable them to qualify for similar grants.

E. Student Work Experience and Training

A program of Student Work Experience and Training (SWEAT) projects provides students with both employment and training during summer months and other vacation periods, while working directly with mentally retarded children and adults.

The program is open to high school seniors, college, and graduate students and generally offers to these young people experience in all phases of work with the mentally retarded.

Twenty-eight projects, in which approximately 298 students are participating, are being supported. It is hoped that, as a result of this experience, many of these students will be attracted to careers in mental retardation.

IV. Construction

A. Community Facilities for the Mentally Retarded

The community facilities construction program authorized under Title I, Part C of the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963" (P.L. 88-164) provides Federal grants to States to assist in the construction of specially designed public or other nonprofit facilities for the diagnosis, treatment, education, training, or custodial care of the mentally retarded, including sheltered workshops which are part of a facility providing comprehensive services. The program is administered at the State level by an officially designated State agency. Participation in the program requires the development of a State plan for the construction of community facilities for the mentally retarded based on an inventory of needed additional services and facilities. Construction projects are approved in accordance with the provisions of the State plan.

All States are participating in the program. As of December 1968, 241 projects have been approved. Fifty-three facilities are completed and in operation, and 100 additional facilities are under construction. These facilities will provide care and treatment for approximately 27,000 additional retarded persons not now being served. The estimated total cost of these projects is over $148 million with an estimated Federal share of over $48 million.

The program is having a widespread impact on community efforts to meet the needs of the retarded. Public and voluntary agencies are demonstrating increased interest in participating in the construction program, and community leaders and professional personnel are combining efforts to stimulate sponsorship of needed facilities. Accomplishments to date, however, have only slightly touched on the need for additional services and facilities. State plans indicate that services should be provided for about one million additional retarded individuals.

B. Construction of Rehabilitation Facilities

The Vocational Rehabilitation Amendments of 1965 (P.L. 89-333) authorized a program for the construction of rehabilitation facilities and workshops; the construction of rehabilitation facilities and sheltered workshops; and initial staffing support for newly constructed rehabilitation facilities and workshops. Special provisions are made to permit the inclusion of residential facilities within projects for the construction of workshops for the mentally retarded.

State Planning grants for workshops and rehabilitation facilities encompass: (1) the development of State Workshop and Rehabilitation Facilities Plan; and (2) construction, utilization, development, and improvement of workshops and rehabilitation facilities.

Project Development grants pay part of the cost of organized, identifiable activities necessary for the planning and development of specific local construction projects for rehabilitation facilities or workshops. These projects are oriented particularly towards assisting local citizens groups with limited financial resources to engage consultants and secure other types of help to develop a sound project proposal.

During fiscal year 1968, 38 Project Development Grants, having a national average of $7,000, were made to applicants planning a specific construction project providing services to the mentally retarded.

Construction grants assist in the costs of the new construction of rehabilitation facilities and workshops; the acquisition, expansion and alteration of existing facility and workshop buildings; initial equipment for the completed projects.

Twenty-seven construction grants totaling about $3,000,000 were awarded during fiscal year 1968. These projects were for the construction of workshops, and comprehensive rehabilitation centers, and one was for the construction of a comprehensive speech and hearing rehabilitation center. Most of these projects are multidisability in nature and serve the mentally retarded as well as other disability groups. Workshops serving the retarded were constructed in Lebanon, Pennsylvania, and Casper, Wyoming.

C. University-Affiliated Facilities for the Mentally Retarded

The University-Affiliated Facilities for the Mentally Retarded program assists universities or affiliated facilities for the mentally retarded in the construction of special clinical facilities capable of demonstrating exemplary care,treatment, education and habilitation of the mentally retarded. In University-Affiliated Clinical facilities comprehensive services are provided; specialized personnel are trained; or new techniques of specialized service are demonstrated.

The primary purpose of this program is to provide facilities for the clinical training of physicians and other professional and technical personnel in the field of mental retardation. Among the professional disciplines represented in these facilities are medical personnel, dentists, nurses, speech and hearing therapists, nutritionists, physical therapists, occupational therapists, rehabilitation specialists, special educators, psychologists, social workers, recreational specialists and chaplains. Each facility is encouraged to conduct a comprehensive multidisciplinary training program so that each discipline involved in the care and rehabilitation of the mentally retarded may be fully familiar with the contributions of the other disciplines.

The Mental Retardation Amendments of 1967 (P.L. 90-170) extended the university-affiliated construction program until June 1970. The present law was also amended to provide grants for the construction of university-affiliated facilities which include programs for persons with other neurological handicapping conditions related to mental retardation and for research incidental or related to activities conducted within the facility.

Because of the complexity of the university-affiliated program, individual planning grants are available. Such individual grants may not exceed $25,000 nor more than 75 percent of the planning costs.

Examples of approved projects for the construction of university-affiliated facilities for the mentally retarded are: Children's Rehabilitation Institute, Reisterstown, Maryland; University of Colorado, Denver, Colorado; Walter E. Fernald State School, Waltham, Massachusetts; Children's Hospital Medical Center, Boston, Massachusetts; Georgetown University, Washington, D.C.; University of California Neuropsychiatric Institute, Los Angeles, California; University of Alabama Medical Center, Birmingham and Tuscaloosa, Alabama; Indiana University Medical Center, Indianapolis and Bloomington, Indiana; University of N.C., Chapter Hill, North Carolina; University of Tennessee, Memphis, Tennessee; New York Medical College, New York, New York; Georgia Department of Public Health, Atlanta, and Athens, Georgia; University of Oregon, Portland, Oregon, and Eugene, Oregon; University of Miami, Miami, Florida; and Utah State University, Logan, Utah.

V. Initial Staffing of Community Facilities for the Mentally Retarded

The Mental Retardation Amendments of 1967 (P.L. 90-170) added a new program to stimulate and aid local communities in responding to the unmet needs of the retarded by providing grants to pay for the initial cost of professional and technical personnel in the operation of new facilities or for new services in existing facilities for the mentally retarded. Over eight million dollars was appropriated in 1969 fiscal year to implement the program.

Funds are approved for individual projects sponsored by local nonprofit community organizations or public agencies on a declining basis for 51 months. During the first 15 months, the grant may not exceed 75 percent of the cost; 60 percent for the next year; 45 percent for the third year; and 30 percent for the last 12 months.

The program is authorized for continuation through June 30, 1970, and an additional $14 million is authorized to be appropriated for new projects.

VI. Planning

A. Mental Retardation Planning and Coordination

State planning for comprehensive coordinated services to the mentally retarded was begun in 1964 under P.L. 88-156 and is now supported under P.L. 89-97 in the form of continued planning, the development of mechanisms for the coordination of programs of State agencies dealing with the mentally retarded, and the mobilization of community support.

Although the implementation programs vary greatly from State to State, progress is evident in all areas. For example, stress has been placed on community planning in Colorado, North Carolina, Florida, and Nebraska. The division of a State into regions for better assessment and projection of programming is being emphasized in Illinois, Indiana, Connecticut, and Wisconsin. Special projects with primary attention to implementation objectives have been undertaken in Texas, New York, Michigan, and Montana.

Funding of new projects terminated in the spring of 1968; however, some projects were extended through December 1968. Indications are that in a majority of the States these planning and implementation activities are continuing and will continue under State sponsorship on a permanent basis, thus providing conformity and assuring coordinated services to the mentally retarded. Consultation from the Federal level will also continue, including analysis of data coming out of the planning and implementation projects.

B. Vocational Rehabilitation Planning

The Vocational Rehabilitation Amendments of 1965 authorized a program of grants to States to plan for the orderly development of comprehensive vocational rehabilitation services, including services provided by private, nonprofit agencies. These plans, which will involve careful consideration of the rehabilitation needs of the mentally retarded have the objectives of making vocational rehabilitation services available by 1975 to all handicapped individuals who need them. Fifty-two comprehensive Statewide planning projects are now being undertaken by State vocational rehabilitation agencies and other designated agencies throughout the country. Upon completion of this special grant program, States will be conducting continuing Statewide studies of the needs of the handicapped and how these needs may be most effectively met.

State Planning Grants for Workshops and Rehabilitation Facilities provide for the coordinated and orderly development of the total State-Federal facilities effort. Initial State Workshops and Rehabilitation Facility Plans have been completed in the 49 States receiving grants. These States received continuation grants for a second year during which the plans are being updated and refined. Upon completion of the continuation grants in June 1968, this program will become a part of the State vocational rehabilitation agency operation, thus assuring a permanent program in each State agency for assessing needs and evaluating activities for establishment, construction, utilization, development, and improvement of workshops and rehabilitation facilities.

VII. Information

A. Collection and Dissemination of Information

Since September 1968, the special mental retardation review, abstracting and information activity has been operated as part of the Social and Rehabilitation Service. In previous years this service was a part of the National Clearinghouse for Mental Health Information. Because knowledge about mental retardation comes from many scientific disciplines and professions, this service will improve both research and practice and thus have a decided effect on the prevention and treatment of mental retardation.

To maintain this service, the Social and Rehabilitation Service under contract with the American Association on Mental Deficiency, collects current literature on mental retardation, writes informative abstracts, indexes the literature in depth, compiles annotated bibliographies on special topics, and prepares critical reviews. In 1964, a total of 9,300 current articles, books and monographs have been collected, abstracted, and indexed. To provide a more extensive coverage of information for retrieval purposes, an additional 3,500 indexed abstracts of documents published from 1957 through 1963 were added to this system.

Special annotated bibliographies have been prepared on: (1) Programmed Instruction with the Retarded; (2) Literature for Parents; (3) Application on the Stanford-Binet and Wechsler Intelligence Scales with the Mentally Retarded; (4) Nursing and Mental Retardation; (5) Family Care and Adoption of Retarded Children; (6) Psychotherapy with the Mentally Retarded; (7) Recreation for the Retarded; (8) Counseling Parents of the Mentally Retarded; (9) Sheltered Workshops for the Mentally Retarded; (10)Films on Mental Retardation;

(11) Psychopharmacological Therapy with the Mentally Retarded; (12) Electroencephalographic Studies Relating to Mental Retardation; (13) Hydrocephalus; (14) Mental Retardation and Religion; (15) A Selected List of Teaching Materials Regarding Mental Retardation for Faculty of Schools of Social Work; (16) Architectural Planning for the Mentally Retarded to Remove Barriers and Facilitate Programming; (17) Inservice Training in Institutions for the Mentally Retarded.

Review articles and critiques have been prepared on: (1) Mental Retardation: Definition, Classification, and Prevalence; (2) Research on Linquistic Problems of the Mentally Retarded; (3) Attendant Personnel: Their Selection, Training, and Role; (4) Research on Personality Disorders and Characteristics of the Mentally Retarded; (5) Effects of Severely Mentally Retarded Children on Family Relationships; (6) Factor Analysis and Structure of Intellect applied to Mental Retardation; (7) Counseling Parents of the Mentally Retarded; (8) Genetic Aspects of Mental Retardation; (9) Instrumental Learning in Mental Retardates; (10) Vocational Rehabilitation of the Mentally Retarded: The Sheltered Workshop; (11) Relationships between Educational Programs for the Mentally Retarded and the Culturally Deprived; (12) A Decade of Research on the Education of the Mentally Retarded; (13) Application of Operant Conditioning Techniques to Institutionalized Severely and Profoundly Retarded Children; (14) Adaptive Behavior: A New Dimension in the Classification of the Mentally Retarded.

The abstracts, annotated bibliographies, and reviews appear in the quarterly journal Mental Retardation Abstracts, which is distributed gratis to approximately 6,000 individuals engaged in research and practice in mental retardation and is also for sale by the Superintendent of Documents.

B. Films and Publications

The Rehabilitation Services Administration continues to distribute a documentary film, "Handle with Care," stressing the value of a fixed community point of referral upon which the families of the mentally retarded can depend for continuing lifetime guidance and assistance in obtaining appropriate services. The film has been placed in State health departments and medical school film libraries for wider distribution.

A second film, "Teaching the Mentally Retarded--A Positive Approach," a documentary dealing with behavior shaping, was placed in circulation during 1967. It is aimed at child-care workers and attendants as well as students who are preparing to work with the mentally retarded.

A third film was produced in 1968. This film "A Way Out of the Wilderness" depicts care, treatment, and training activities in a private institution and a large State institution for the mentally retarded. The film was developed to sharpen the awareness of the general public to today's problems and promises in institutional care for the retarded.

A package of training materials for parents of retarded children and personnel in residential and day facilities for the retarded provides information on training mentally retarded children in feeding skills and toilet use. The materials which include filmstrips, records, a discussion guide and pamphlets provide helpful directions for both individual and group training in these two basic skills which are a major step toward self-care and increased independence.

The packages of training materials "Growing Up at the Table" (individual and group) and "Diapers Away" (individual and group) are available on a free short term loan basis from:

National Medical Audiovisual Center (Annex)
Chamblee, Georgia 30005

Numerous publications have been prepared and placed in circulation. One in particular, "A Modern Plan for Modern Services," states the basic philosophy of the Division of Mental Retardation in 6 major points. Briefly stated, these points emphasize: (1) utilization of generic community agencies in lieu of establishing specialized services; (2) provision of basic training in mental retardation for every category of service personnel; (3) definition for utilization of specialized services and agencies; (4) placement of a mental retardation specialist in every generic agency; (5) development of standards for service and training; and (6) coordination within the community.

Two other publications are worthy of note: (1) Opportunity: Help for the Mentally Retarded, provides a brief description of rehabilitation services available to the retarded, eligibility requirements and a list of the State rehabilitation agencies where further information may be acquired; (2) A Mental Retardation Film List, sponsored by the Division of Mental Retardation provides a list of films of interest to both professional and to the general public. Brief descriptions of each film and the sources from which each may be borrowed, rented and/or purchased are included in the pamphlet.

SOCIAL SECURITY ADMINISTRATION

Purpose

The social security program today is the basic method in the United States of assuring income to individuals and families who suffer a loss of earnings when workers retire, become disabled, or die and, since July 1, 1966, health insurance protection to persons 65 and over. The program is contributory, it is self-supporting, benefits are wage-related, and entitlement to benefits is an earned right.

Historical Development

In 1935, when the original social security law was passed, the program was to have provided only retirement benefits to aged workers. In 1939, benefits for dependents and survivors were added and benefits became payable in 1940. Protection against long-term total disability--not only for disabled workers, but also for adult sons or daughters (who became disabled before age 18) of disabled, retired, or deceased workers--was provided by the 1956 amendments. In 1965, health insurance benefits for the aged were added. The 1967 amendments provided benefits for disabled widows and widowers age 50 and over. Since 1949, there have been six general benefit increases in recognition of the fact that prices and wages have gone up.

Economic Impact

Significant numbers of the mentally retarded are among social security beneficiaries, particularly among dependents or survivors who have been continuously disabled since childhood. The problem of mental deficiency is a major factor in more than 65 percent of these beneficiaries. It is the primary diagnosis in about half of all childhood disability cases. In fiscal year 1968 an estimated 153,000 adult mentally retarded beneficiaries received $107,900,000 in social security benefits. The number of mentally retarded children under age 18 who receive payments as dependents of retired, disabled, or deceased workers is unknown, since their benefits are payable regardless of disability.

Under social security's "Childhood Disability" provisions, lifetime monthly payments can be made to a person age 18 or over who has been disabled by mental retardation--or other impairments--since childhood. In many cases, the monthly benefits enable the retarded childhood disability beneficiary to be cared for at home instead of in an institution. Furthermore, as more and more retarded people outlive their parents, the program offers reassurance to fathers and mothers who know that financial help for their disabled child will be forthcoming even after their death. (About half of the childhood disability beneficiaries are over 35 and 25 percent of them are over 45.)

If the parents are dead, a relative who has demonstrated a continuing interest in the beneficiary's welfare, a welfare agency, or a legal guardian may be chosen as representative payee to handle the benefit funds and plan for using them in behalf of the beneficiary. A representative payee receives social security benefits in trust for the beneficiary and, as a trustee, is held accountable for the way in which he uses the benefits. The Social Security Administration recently annotated records to identify beneficiaries disabled since childhood who are under representative payments to institutions for the mentally retarded. This will give future access to an enumeration, by State, of this beneficiary group.

Health insurance benefits under the social security law are available to any individual, including a mentally retarded individual who is 65 or over and who meets certain necessary conditions. Therefore, a mentally retarded individual 65 years of age who has contracted an illness or suffered an injury is, like any other person in this age group, protected under the health insurance program. However, the health insurance for the aged program specifically prohibits reimbursement under the law for expenses incurred for personal care designed primarily to aid an individual in meeting the activities of daily living and which do not require the continuing attention of trained medical or paramedical personnel. Therefore, an aged mentally retarded person whose only deficiency is mental retardation requiring general institutional care, e.g., vocational training, help in the activities of daily living, and so forth would not be receiving the type of care covered under the Medicare program.

Activities and Achievements

All district offices of the Social Security Administration maintain a referral service to other programs and services of both public and private agencies and organizations. Giving information about these programs and agencies is an essential part of the Social Security Administration's service to the public. The service is provided to beneficiaries as well as to non-beneficiaries and applicants who inquire about services not provided by the OASDHI program. Disabled persons applying for disability benefits under social security are promptly referred to the Rehabilitation Services Administration to the end that the maximum number may be rehabilitated into productive activity or to a level of self-care. The information and referral service is currently under study to determine what changes are indicated to make the program more responsive to the needs of people and the multiplicity of problems they bring to district offices.

Social Security Administration has participated in the employment of the mentally retarded since the inception of the employment program in 1964. Experience has demonstrated conclusively that the retardate can perform excellent work in basically routine positions when placement is carefully selected or the job re-engineered to the level or degree of his handicap. In SSA, retardates are successfully performing in such positions as mail and file clerk, messenger, printing machine operator, and xerox machine operator.

After success on a pilot project, placements have been greatly increased in the last year at SSA headquarters and payment centers by utilizing retardates in the operation of card reader machines which control the location of claims folders. Retardates are performing in a highly successful manner and many have been promoted to a grade GS-2. One has performed so well in the Division of Personnel at headquarters, that the Maryland State Division of Vocational Rehabilitation has certified her capable for promotion to a grade GS-3 position.

A significant development at the Baltimore headquarters complex was the establishment of a training seminar, in cooperation with specialists from the Maryland State Division of Vocational Rehabilitation, for supervisors of retardate program employees.

As of September 30, 1968, a total of 126 retardates were on duty as follows: 32 in central headquarters offices, 48 in payment centers, and 46 in district offices.

In the area of public information, a number of steps were taken during fiscal year 1968 to publicize the childhood disability provisions of the social security program. All the materials produced emphasized early filing and the high incidence of mental retardation among childhood disability beneficiaries. Major activities included:

1. Articles were carried by many national medical and health publications, including Know Your World (Teacher's Edition, read by special education teachers), Medical World News, Physician's Management, Rehabilitation Literature, American Association of Industrial Nurses Journal, Resident Physician, and The New Physician.
2. The American Academy of Pediatrics distributed a leaflet, "Special Social Security Benefits for Persons Disabled in Childhood," to its 8,000 members. The leaflet urges physicians to refer patients who may be eligible for benefits to social security.
3. A release was sent to the National Association for Retarded Children for distribution to its 1,150 State and local components. Following this, in November 1967, a member of BDI's top staff addressed the annual convention of the NARC.

An exhibit, "Childhood Disability and Social Security," had its premier showing at the convention of the American Orthopsychiatric Association in Washington, D.C., in March 1967. Since then it has been shown at numerous meetings of national organizations and medical groups interested in the handicapped. In the very near future it will be revised to update statistics on the number of mentally retarded childhood disability beneficiaries and the percentage of childhood disability beneficiaries for whom mental retardation is the primary diagnosis.

A 20-minute film on mental retardation, "Where There is Hope," will be released by the Social Security Administration about February 1969 in both 35mm and 16mm color for theatrical and general showing. Early sequences in the film deal with diagnosis and therapy at the John F. Kennedy Institute in Baltimore. These are followed by scenes filmed at a sheltered workshop in Washington, D.C., showing the activity of teenagers and older people, and finally scenes showing rehabilitation services for a 21-year old girl just completing a trial work period in Greensboro, North Carolina. The film tells of the social security benefits available for the adult disabled child. A 14½-minute version is now in use as part of the "Social Security in America" series being shown on 184 television stations throughout the country.

The Social Security Administration has developed a pamphlet entitled, "Social Security: What it Means for the Parents of a Mentally Retarded Child." This pamphlet describes the conditions under which a mentally retarded child may be eligible for social security benefits. It is available in both English and Spanish. The present edition includes information about the 1967 amendments. About a half million of these pamphlets have been distributed in recent months.

The Social Security Administration conducted a nationwide survey in the fall of 1967 which will supply basic information about institutionalized adults, including the mentally retarded in institutional care. The 1967 survey of institutionalized adults examined the socio-economic characteristics of mentally retarded persons (as well as other disabled persons) over age 18 in institutions such as homes and schools for the mentally or physically handicapped, mental hospitals, chronic diseases and other long-term hospitals. This survey focused on the types of care they received, the cost of care, and sources of payment, the economic resources of the patient and his family, and his family relationships.

The 1966 survey of disabled adults (non-institutionalized) will also provide a wide range of data on financial, medical, and family arrangements of disabled adults who are mentally retarded.

CONSUMER PROTECTION AND ENVIRONMENTAL HEALTH SERVICE

Introduction

The activities of the Consumer Protection and Environmental Health Service which have an impact on mental retardation are confined primarily to the Food and Drug Administration.

The Food and Drug Administration is directed by statute to develop and enforce valid criteria for the testing, identification, and proper labeling of drug products hazardous to consumers in use or misuse, and to ban from the market foods, food additives, pesticides, drugs, devices, or cosmetics considered either unsafe or misbranded.

As defined by the Federal Food, Drug, and Cosmetic Act, a new drug is one not generally recognized by qualified experts as safe and effective for the recommended use. A new drug may not be distributed in interstate commerce until the sponsor submits to us and we have approved a new drug application with adequate evidence of safety and effectiveness for the intended use.

A new drug may be distributed for investigational study by qualified experts in accordance with the requirements of the Investigational Drug Regulations. These regulations require, among other things, that before an investigational drug may be distributed interstate, some responsible individual or firm must sponsor clinical study with the drug. This is usually accomplished by the submission of a completed and signed Notice of Claimed Investigational Exemption for a New Drug accompanied by the pertinent data which the form outlines.

When the investigational drug is employed solely as a research tool, and occasionally in early clinical investigations which have therapeutic potential, an abbreviated submission which furnishes the essential information in narrative form may be acceptable.

I. Preventive Services

The Food and Drug Administration is concerned with preventing mental retardation that might follow the use or misuse of drugs or hazardous substances. The special age of concern is the reproductive age. The vulnerable periods are those specifically of embryonic, fetal, and infant life. Dosage levels considered safe in older infants may be potential causes of permanent brain damage in the prenatal or newborn age group which possess immature mechanisms of detoxification of these drugs. Infants cannot handle drugs as well as adults because of lack of development of an enzyme system.

Mental retardation can be defined to limit it to the impairment of the learning ability, or extended to include the lack of emotional response. Whether or not mental retardation is defined to include mongoloids, persons suffering from degerative diseases such as Parkinsonism, institutionalized mental patients, or others, FDA is concerned with the use or abuse of drugs intended to prevent or treat such conditions. Much of the work in this area is so specialized that it is performed by individual investigators rather than by drug companies.

In the Bureau of Medicine, the Office of New Drugs monitors the investigational use of new drugs in early testing phases. Animal experimentation is required to prove a new drug safe and effective before that drug may be tested on human beings. Observations of adverse effects of new drugs are reported within the surveillance system of the administration.

FDA expects investigators to set up metabolic methodology on new entities, at least to attempt to develop functional toxicology and biochemical toxicology, relating experiences of one species to those of another, eventually to experiences of man.

The Food and Drug Administration also is concerned with the treatment of mental retardation. Special diets and drugs may or may not be effective. Regulatory action is taken against drugs or devices that are represented to be useful in the prevention or treatment of mental retardation but in fact have no such beneficial effect.

Surveillance by the Food and Drug Administration also covers any untoward effect of chemical entities used in foods, drugs, cosmetics, or household chemicals. These data are acquired in close liaison with many hospitals, with the American Medical Association, the World Health Organization, the pharmaceutical industry, and with other health, education, and welfare agencies. This information is catalogued, retrieved, and evaluated by means of an advanced data processing system.

SURPLUS PROPERTY PROGRAM

The Office of Surplus Property Utilization, within the Office of the Assistant Secretary for Administration, carries out the responsibilities of the Department under the Federal Property and Administrative Services Act of 1949, as amended, which make surplus Federal real and personal properties available for health and educational purposes. The properties which become available under this program are those that have been determined by the General Services Administration as no longer having any further Federal utilization.

Surplus personal properties are screened to determine those which may be needed and usable by eligible instututions throughout the country in conducting health and educational programs. Properties determined to have such need and usability are allocated by the Department of Health, Education, and Welfare for transfer to State Agencies for Surplus Property which have been established in all States. These State agencies secure the properties, warehouse them, and make the distribution to eligible donees for health and educational uses within their respective States. The only costs to the eligible donees are the handling and service charges which are assessed by the State agencies.

In the case of real properties which have been determined to be surplus to Federal needs, notices of their availability are sent to potential eligible applicants, either by the State agencies or the Regional Representatives for Surplus Property located in our nine Regional Offices. Real properties available for removal from their site for relocation are conveyed by agreement of sale with restrictions as to the use of the facilities which run for a period of 5 years. These properties are conveyed with a 95 percent public benefit allowance discount applied against the sales price. Land, or land and buildings together with other improvements, are conveyed by deed which contain restrictions as to use for a period of 30 years. These properties are conveyed with public benefit discount allowances ranging from 50 to 100 percent applied against the sales price. The only other costs to eligible transferees are "out of pocket" Federal costs, i.e., appraisals, surveys, etc.

Schools for the mentally retarded are eligible to acquire surplus real and personal property. In the case of personal property, such a school must be operated primarily to provide specialized instruction to students of limited mental capacity. It must be tax-supported or nonprofit and exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. It must operate on a full-time basis with a staff of qualified instructors for the equivalent of a minimum school year prescribed for public school instruction of the mentally retarded. It must also demonstrate that the facility meets the health and safety standards of the local governmental body.

An applicant for real property must be a State, or a political subdivision or instrumentality therof; a tax-supported educational or public health institution; or a nonprofit educational or public health institution that has been held to be exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. Its proposed program of use must be fundamentally for an educational or public health purpose; i.e., devoted to academic, vocational or professional instruction, or organized and operated to promote and protect the public health. Real property may be put to a joint use, namely, for the training of the mentally retarded as well as the physically handicapped. Conveyances have been made for hospital use where, as a part of the total program, portions of the facility are used for the treatment and training of the mentally retarded.

Available personal property may range anywhere from a nail to an electronic computer. Many items have never been used before. Real properties may consist of all types of buildings which are removable, land with or without structures and other improvements such as utility lines, sewer and water systems, etc.

Pamphlets giving more detailed information as to eligibility of organizations for both surplus real and personal property, as well as additional information in connection with the surplus property utilization program, along with a directory of the State Agencies for Surplus Property and the nine Regional Offices of the Department, may be obtained from the Office of Surplus Property Utilization, Department of Health, Education, and Welfare, Washington, D.C. 20201.

The following are examples of real properties conveyed under the program for use in aiding the mentally retarded.

The State of Missouri passed legislation authorizing the State Department of Education to establish and operate State schools for mentally retarded in any county or in a district comprised of two or more counties. One of the first of these schools was established on 4.95 acres of land and 9 buildings we conveyed for this purpose at the surplus O'Reilly General Hospital, Springfield, Missouri. The facility is a day school for a maximum enrollment of 90 children.

The Arizona Children's Colony obtained 30 acres of land at the Davis Monthan Air Force Base in July 1967 as a site for the new "Mental Retardation Center at Tucson." Plans are to construct 6 buildings initially, including 3 residential units. These buildings will provide residential care facilities for approximately 84 residents and day care facilities for 150 to 200 people in the Tucson area, many of whom were cared for far from their homes. In addition, the facilities will provide space for a preschool program for children not yet determined to be retarded, vocational training and rehabilitation therapy, consultation services, and, in cooperation with the University of Arizona, training and research. Future plans are to enlarge the Center into a facility which will have approximately 200 beds for residents and space for 300 to 400 day care persons.

The former Sunmount Veterans Hospital Reservation, Tupper Lake, New York, consisting of 111 acres of land improved with 44 buildings and installed equipment, was conveyed to the State Department of Mental Hygiene to provide a complete program of care, treatment, education, and rehabilitation of mentally retarded children and adults. The State first took over the hospital under a permit agreement in 1965, and the majority of the staff remained to operate the new program. Nurses were assigned to the three operating State schools for orientation courses in the care of the mentally retarded. Upon their return to Tupper Lake, the first group of patients was transferred to the new facility. Since that time, this 506-bed hospital has been operated to serve mentally retarded persons of all ages, drawn from the five upstate New York counties.

The State of Florida has undertaken the establishment of a system of Sunland Training Centers throughout the State for the training of its mentally retarded children. Plans call for 10 of these Centers having capacity of approximately 1,000 resident students each. One of these Centers which serves the northwest section of the State, has been established at Marianna on 372.67 acres of land and 65 buildings, formerly the Graham Air Force Station, through our surplus property utilization program. Most of the personal property for the operation of this facility was conveyed with the real estate.

The Warren City School District, Warren, Ohio, has initiated a novel program for learning incentive for slow learning pupils of intelligence quotients between 50 and 79. Through the surplus property program, the School District obtained

76.4 acres of land and 10 buildings from the Youngstown Family Housing Annex, Trumbull County, Ohio. There are farm ponds, vocational shops, and programs for conservation and horticulture. An experiment in providing summer garden plots for these pupils was significantly successful.

The State of Georgia obtained the former Veterans Administration Domiciliary in Thomasville, consisting of 207 acres of land and 131 buildings, with a bed capacity of 400 to 800, for the care and rehabilitation of the mentally ill and retarded. Another site of nearly 200 acres at the former U.S. Penitentiary Honor Farm near Atlanta has been conveyed for a Regional Mental Hospital for the rehabilitation and training of the mentally ill and retarded.

In 1966, the State of Ohio received the former Veterans Administration Hospital at Broadview Heights, near Columbus. Now known as the Broadview Center for the Mentally Retarded, in-patient service was begun in 1968. During the year, 580 persons applied for service. Of this number, 115 were admitted to the hospital unit. It is expected that the Center will have a capacity for 250 in-patients, in addition to its large out-patient load, with future expansion to 600.

Other States also have programs for the mentally retarded, using Federal surplus real property. The Department conveyed 34.39 acres of land and 47 buildings, formerly the Lufkin Air Force Base, Lufkin, Texas, to the Texas State Hospital and Special Schools for a resident unit to accommodate between 1,000 and 1,500 retarded children. Louisiana received 537 acres with modest improvements at the Belle Chasse Navy Ammunition Depot, New Orleans, as a site for a State unit serving this area for day treatment and resident training and care of mentally retarded. The State of Kansas has renovated the Winter Veterans Administration Hospital, comprising 225 acres and 195 buildings, for the treatment and care of some 300 to 400 mentally retarded children.

Smaller areas, such as former Post Office buildings and sites and Nike sites, have been converted into schools and training centers. The former Post Office at Carlisle, Pennsylvania, is now a school, operated by the Cumberland County Association for Retarded Children; Lake County, Ohio, has converted the former Post Office at Willoughby into a school for the retarded; and portions of Nike Sites at Needham, Massachusetts, and King County, Washington, are now used in the care and training of the mentally retarded.

These are but a few examples of Federal property, both large and small, no longer required for Government use, which are continuing to serve the country in the care of its mentally retarded.

Through June 30, 1968, 5,035 acres of land and 765 buildings have been transferred to institutions for use in programs serving the mentally retarded. These properties originally cost the Government $40,580,913, and had a fair market value of $16,119,001 at time of transfer.

APPENDIX A

Table I

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Obligations for Mental Retardation Programs by Activity Designation

Fiscal Years 1968-1970
(Thousands of Dollars)

Activity	Fiscal Years 1968 Actual	1969 Estimated	1970 Estimated
Services			
Health Services and Mental Health Administration	$ 2,661	$ 1,738	$ -0-
Office of Education	38,089	53,218	69,438
Social and Rehabilitation Service	81,359	148,272	200,014
Total	122,109	203,228	269,452
Training of Personnel			
Health Services and Mental Health Administration	2,291	2,688	870
National Institutes of Health	12,476	13,066	12,449
Office of Education	9,000	10,129	10,150
Social and Rehabilitation Service	16,386	18,807	23,507
Total	40,153	44,690	46,976
Research			
Health Services and Mental Health Administration	644	630	625
National Institutes of Health	22,588	24,492	25,637
Office of Education	948	1,225	2,120
Social and Rehabilitation Service	6,293	6,335	6,361
Total	30,473	32,682	34,743
Construction			
Social and Rehabilitation Service	17,546	27,941	14,003
Total	17,546	27,941	14,003
Planning			
Social and Rehabilitation Service	1,394	-0-	-0-
Total	1,394	-0-	-0-

Table I (cont.)

Activity	Fiscal Years 1968 Actual	1969 Estimated	1970 Estimated
Income Maintenance			
Social and Rehabilitation Service . . .	$ 55,000	$ 65,000	$ 75,000
Social Security Administration	109,800	133,700	144,300
Total	164,800	198,700	219,300
Other			
Health Services and Mental Health Administration	52	52	-0-
Office of Education	-0-	90	90
Total	52	142	90
Secretary's Committee on Mental Retardation [1]	(128)	(160)	(160)
President's Committee on Mental Retardation	577	580	605
Total	577	580	605
Grants and Services	212,304	309,263	365,869
Income Maintenance	164,800	198,700	219,300
GRAND TOTAL ALL FUNDS	377,104	507,963	585,169

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[1] These amounts are shown as non-add items since they are derived from funds available to several agencies of the Department for mental retardation activities.

Table II

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Obligations for Mental Retardation Programs by Agency Designation

Fiscal Years 1968-1970
(Thousands of dollars)

Agency	Fiscal Years 1968 Actual	1969 Estimated	1970 Estimated
Health Services and Mental Health Administration			
Services	$ 2,661	$ 1,738	$ -0-
Training of Personnel	2,291	2,688	870
Research	644	630	625
Other	52	52	-0-
Total	5,648	5,108	1,495
National Institutes of Health			
Training of Personnel	12,476	13,066	12,449
Research	22,588	24,492	25,637
Total	35,064	37,558	38,086
Office of Education			
Services	38,089	53,218	69,438
Training of Personnel	9,000	10,129	10,150
Research	948	1,225	2,120
Other	-0-	90	90
Total	48,037	64,662	81,798
Social and Rehabilitation Service			
Services	81,359	148,272	200,014
Training of Personnel	16,386	18,807	23,507
Research	6,293	6,335	6,361
Construction	17,546	27,941	14,003
Planning	1,394	-0-	-0-
Income Maintenance	55,000	65,000	75,000
Total	177,978	266,355	318,885

Table II (cont.)

Agency	1968 Actual	Fiscal Years 1969 Estimated	1970 Estimated
Social Security Administration			
Income Maintenance	$109,800	$133,700	$144,300
Total	109,800	133,700	144,300
Office of the Secretary			
Secretary's Committee on Mental Retardation [1]	(128)	(160)	(160)
President's Committee on Mental Retardation	577	580	605
Total	577	580	605
Total - Grants and Services	212,304	309,263	365,869
Total - Income Maintenance	164,800	198,700	219,300
GRAND TOTAL ALL FUNDS	377,104	507,963	585,169

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[1] These amounts are shown as non-add items since they are derived from funds available to several agencies of the Department for mental retardation activities.

APPENDIX B

The Secretary's Committee on Mental Retardation issues a number of publications touching upon various aspects of the program of the Department for the handicapped.

A bulletin issued periodically entitled "Programs for the Handicapped" contains a running commentary on various agency programs for the handicapped. It is addressed to the general public.

Part two of a two-part publication entitled "Mental Retardation Grants in Research and Demonstration" funded by the U.S. Department of Health, Education, and Welfare is directed primarily at the research community.

In addition there are other topics ranging from legislation to review of Departmental grants for the handicapped covered in publications issued by the Secretary's Committee on Mental Retardation.

In 1968 the following issues of "Programs for the Handicapped" dealing with those topics shown were published:

Date	Number	Topic
January 12	68-1	The Social Security Amendments of 1967; The Elementary and Secondary Education Amendments of 1967, 11 pps.
February 26	68-2	A Review of Dental Services Programs for the Handicapped, 10 pps.
January 19	68-3	Miscellaneous: Partnership for Health Amendments of 1967; Pamphlet on Cystic Fibrosis; Survey on Public Awareness of Mental Retardation; Sheltered Workshop Report, 7 pps.
March 22	68-4	Department of Health, Education, and Welfare Proposed Program - Fiscal Year 1969, 9 pps.
May 1	68-5	Selected Research and Demonstration Grants in Mental Retardation Awarded to Foreign Countries by the U.S. Department of Health, Education, and Welfare, Fiscal Year 1967, 12 pps.
May 3	68-6	Miscellaneous: Employment Opportunities for the Mentally Retarded Through Social Security Administration; Comprehensive Health Projects Serving Children from Low Income Rural and Urban Areas, 4 pps.
June 21	68-7	Miscellaneous: Excerpts of a speech made by Secretary Wilbur Cohen at Dedication Ceremony of the John F. Kennedy Institute at Johns Hopkins Hospital, Baltimore, Maryland; New test to detect developmental delay devised; Vocational Rehabilitation Pilot Center Project, 7 pps.

Date	Number	Topic
July 8	68-8	Special Education Programs in University Affiliated Facilities for the Mentally Retarded, 5 pps.
August 9	68-9	Vocational Rehabilitation Amendments of 1968, 5 pps.
September 13	68-10	Rehabilitation Facilities for the Handicapped - Programs and Progress, 12 pps.
October 18	68-11	Residential Care for the Mentally Retarded, 20 pps.
October 30	68-12	Handicapped Children's Early Education Assistance Act of 1968, 6 pps.
November 1	68-13	The Foster Grandparent Program - A Progress Report, 8 pps.

Additional Publications Issued by the Secretary's Committee on Mental Retardation in 1968

Mental Retardation Publications of the U.S. Department of Health, Education, and Welfare - January 1968 58 pps.

A Summary of Selected Legislation Relating to the Handicapped 1963-1967, 41 pps.

A Summary of Selected Legislation Relating to the Handicapped 1968, 17 pps.

Financial Assistance Programs for the Handicapped, U.S. Department of Health, Education, and Welfare 1968, 98 pps.

APPENDIX C

Department of Health, Education, and Welfare

Regional Offices

REGIONAL DIRECTORS

REGION I

Walter W. Mode . . . . Area Code 617 223-6831
John Fitzgerald Kennedy Federal Bldg.
Government Center
Boston, Massachusetts 02203 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)

REGION II

Bernice L. Bernstein . . . . Area Code 212 264-4600
Federal Building
26 Federal Plaza
New York, New York 10007 (Delaware, New Jersey, New York, Pennsylvania)

REGION III

Bernard V. McCusty . . . . Area Code 703 296-1221
220 - 7th Street, N.E.
Charlottesville, Virginia 22901 (District of Columbia, Kentucky, Maryland, North Carolina, Virginia, West Virginia, Puerto Rico, Virgin Islands)

REGION IV

William J. Page, Jr. . . . . Area Code 404 526-5817
Peachtree-Seventh Building
50-7th Street, N.E. (Room 404)
Atlanta, Georgia 30323 (Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee)

REGION V

James G. Brawley . . . . Area Code 312 353-5160
New Post Office Bldg. (Room 712)
433 W. Van Buren Street
Chicago, Illinois 60607 (Illinois, Indiana, Michigan, Ohio, Wisconsin)

REGION VI

James W. Doarn . . . . Area Code 816 374-3436
Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106 (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)

REGION VII

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1114 Commerce Street
Dallas, Texas 75202 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

REGION VIII

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Federal Office Building (Room 9017)
19th & Stout Street
Denver, Colorado 80202 (Colorado, Idaho, Montana,
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REGION IX

Charles H. Shreve . . . . Area Code 415   556-6746
Federal Office Building
50 Fulton Street
San Francisco, California 94102 (Alaska, Arizona, California,
Hawaii, Nevada, Oregon, Washington, Guam, American Samoa)

APPENDIX D

MENTAL RETARDATION REGIONAL COORDINATORS

Region I, Boston

Mr. John Bean
Assistant Regional Director

Region II, New York

Mr. Luther W. Stringham
Assistant to the Regional
Director for Program Coordination
and Inter-governmental Relations

Region III, Charlottesville

Mr. Benjamin Guy
Assistant Regional Director
for Program Coordination

Region IV, Atlanta

Mr. Richard J. Marquardt
Assistant Regional Director
for Program Coordination

Region V, Chicago

Mr. Raymond Hruschka
Assistant to the Regional
Director for Program Coordination

Region VI, Kansas City

Mr. William Henderson
Community Services Coordinator
Office of the Regional Director

Region VII, Dallas

Mr. Roy Westerfield
Emergency Planning Officer
Office of the Regional Director

Region VIII, Denver

Mr. Warren Thompson
Assistant Regional Director

Region IX, San Francisco

Mr. Fred Zimmerman
Assistant Regional Director
for Program Coordination

APPENDIX E

SUBCOMMITTEES OF THE SECRETARY'S COMMITTEE ON MENTAL RETARDATION

1. Mental Retardation Abstracts Advisory Subcommittee

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Staff Assistant
Secretary's Committee on
Mental Retardation

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National Institute of Mental
Health

Dr. James W. Moss
Office of Education

Mrs. Clara Schiffer
Children's Bureau

Mr. Thomas J. Skelley
Rehabilitation Services
Administration

Miss Pat Thobin
Rehabilitation Services
Administration

Dr. Theodore Tjossem
National Institute of Child
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Executive Secretary
Secretary's Committee on
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National Institute of Child
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Dr. George Bouthilet
Rehabilitation Services
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Dr. Harold William Heller
Bureau of Education for the
Handicapped

Miss Cecile Hillyer
Rehabilitation Services
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Mr. Rudolf Hormuth
Children's Bureau

Mr. Vivian Hylton
Rehabilitation Services
Administration

Mr. Ralph Simon
National Institute of
Mental Health

3. Subcommittee on Mental Retardation Research

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National Institute of Child Health
and Human Development

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Staff Assistant
Secretary's Committee on
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National Institute of Neurological
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Office of Education

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Rehabilitation Services
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4. International Activities Subcommittee

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Staff Assistant, Secretary's
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Rehabilitation Services
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Dr. Theodore Tjossem
National Institute of Child
Health and Human Development

Mr. Allen Menefee (Ex Officio)
President's Committee on
Mental Retardation

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